

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

13825
FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000042235

1. Entity Name
RWF PROPERTIES, LLC



Principal Place of Business
1725 S. NOVA RD
B-11
S. DAYTONA, FL 32119

Mailing Address
1725 S. NOVA RD
B-11
S. DAYTONA, FL 32119



03102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0726548

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, LAWRENCE J
1016 BEL AIRE DR
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FERNANDEZ, RICHARD W
37760 S GOLF COURSE DR
TUCSON, AZ 85739

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCDERMOTT, LAWRENCE J
1016 BELAIRE DR
DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FERNANDEZ, JEANNE
37760 S GOLF COURSE DR
TUCSON, AZ 85739

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCDERMOTT, LUCILE Q
1016 BEL AIRE DR
DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000856771
03/28/08-80025-013 138.75
**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/10/08 386-451-0584