


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90096 035 ***138.75

DOCUMENT # L04000045706 1. Entity Name KWA, LLC					
Principal Place of Business 2101 WINDJAMMER DRIVE LYNN HAVEN, FL 32444 US <i>3477 Hwy 77 Suite A Panama City FL 32405</i>			Mailing Address 2101 WINDJAMMER DRIVE LYNN HAVEN, FL 32444 US <i>3477 Hwy 77 Suite A Panama City FL 32405</i>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
6. Name and Address of Current Registered Agent LOVCHUK, MICHAEL 2101 WINDJAMMER DRIVE LYNN HAVEN, FL 32444 <i>3477 Hwy 77 Suite A Panama City FL 32405</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVCHUK, MICHAEL 2101 WINDJAMMER DRIVE LYNN HAVEN, FL 32444 <i>3477 Hwy 77 Suite A Panama City FL 32405</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> 7-10-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

