

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90021 004 ****50.00

DOCUMENT # L04000046014

1. Entity Name

C.W.G., LLC



Principal Place of Business

2420 JENKS AVENUE, UNIT 6
PANAMA CITY FL 32405

Mailing Address

2420 JENKS AVENUE, UNIT 6
PANAMA CITY FL 32405

2. Principal Place of Business

7911 Thomas Drive

3. Mailing Address

7911 Thomas Dr.

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2



1st MOORE

CR2E083 (10/04)

City & State

Panama City Beach, FL

City & State

Panama City Bc, FL

Zip
32408

County

Bay

Zip
32408

County

Bay

4. FEI Number

74-3124746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURDNICKI, GREG
2420 JENKS AVENUE, UNIT 6
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

W.C. Grimsley Jr.

Street Address (P.O. Box Number is Not Acceptable)

7911 Thomas Drive

City

Panama City Beach FL

Zip Code

32408

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

W.C. Grimsley Jr.

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

(NOTE: Registered Agent signature required when reinstating)

4-21-05

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRUDNICKI, GREG
2420 JENKS AVENUE, UNIT 6
PANAMA CITY FL 32405 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
W.C. Grimsley Jr.
7911 Thomas Drive
Panama City Beach, FL 32408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

G. Grimsley

3/29/05

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

Date

Daytime Phone #