

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046722

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** CWF, LLC

**Current Principal Place of Business:**

308 22ND AVE SW  
ALTOONA, IA 50009

**New Principal Place of Business:**

**Current Mailing Address:**

308 22ND AVE SW  
ALTOONA, IA 50009

**New Mailing Address:**

**FEI Number:** 20-1298087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAZIO, NICK  
14530 FARRINGTON WAY  
105  
FORT MYERS, FL 33913 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CATALDO, FRANK A  
**Address:** 3915 WAKONDA DR.  
**City-St-Zip:** DES MOINES, IA 50321

**Title:** MGRM  
**Name:** CATALDO, JAMES A  
**Address:** 3428 ROSE AVE  
**City-St-Zip:** DES MOINES, IA 50321

**Title:** MGRM  
**Name:** CHIODO, FRANK  
**Address:** 3707 SW 35TH ST.  
**City-St-Zip:** DES MOINES, IA 50321

**Title:** MGRM  
**Name:** FAZIO, NICK L  
**Address:** 630 VIRGINIA AVE UNIT B  
**City-St-Zip:** SOUTH HAVEN, MI 49090

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** NICK FAZIO

MGRM

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date