

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000055031

1. Entity Name
MWS, LLC



Principal Place of Business
PO BOX 51674
SARASOTA, FL 34232

Mailing Address
PO BOX 51674
SARASOTA, FL 34232



01152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1414236

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ICARD MERRILL CULLIS TIMM FUREN & GINSBURG
ATTN: F. THOMAS HOPKINS
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STARKEY, MICHAEL
STREET ADDRESS	5219 WILLOW LINKS
CITY-ST-ZIP	SARASOTA, FL 34205
TITLE	MGR
NAME	WILLIAMS, GILES
STREET ADDRESS	8390 WINGATE #511
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	MGR
NAME	MADDOX, STEPHEN
STREET ADDRESS	4329 EASTWOOD DRIVE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000404201
02/06/06-80041-003 50.00

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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: Stephen Maddox **STEPHEN MADDOX**

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

1-24-06

Date

(941) 371-0023

Daytime Phone #