

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 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**



01182008 No Chg-LLC

CR2E083 (12/07)

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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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)

000000054000

03/26/08-80095-013 138.75

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
**MGR
STARKEY, MICHAEL
5219 WILLOW LINKS
SARASOTA, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WILLIAMS, GILES
8390 WINGATE #511
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MADDOX, STEPHEN
4329 EASTWOOD DRIVE
SARASOTA, FL 34232**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3-6-08

Date

Daytime Phone #

(941) 313-1796