

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90282 024 \*\*\*\*50.00

DOCUMENT # L04000056551

1. Entity Name

DOUBLE W, LLC



Principal Place of Business

730 SEWELL FARMS RD  
CHIPLEY FL 32428  
US

Mailing Address

730 SEWELL FARMS RD  
CHIPLEY FL 32428  
US



2. Principal Place of Business - No P.O. Box #

83 COPE RD

Suite, Apt. #, etc.

3. Mailing Address

83 COPE RD

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

CHIPLEY, FL

City & State

CHIPLEY, FL

4. FEI Number

51-0522964

Applied For

Not Applicable

Zip

32428

Country

USA

Zip

32428

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WIWI, CHRISTOPHER  
730 SEWELL FARMS RD  
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name

WIWI, CHRISTOPHER

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

83 COPE RD

City

CHIPLEY

FL

Zip Code

32428

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
WIWI, CHRISTOPHER  
730 SEWELL FARMS RD  
CHIPLEY FL 32428 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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  
MGRM  
WIWI, CHRISTOPHER  
83 COPE RD  
CHIPLEY, FL 32428 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ 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 exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-15-00

Date

850-258-6359

Daytime Phone \*