

LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000056692

MW PROPERTIES, LLC



FILED

05 AUG 23 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-29-05 90059 004 \$50.00



Principal Place of Business
1 HARGROVE GRADE
SUITE 1A
PALM COAST, FL 32257

Mailing Address
1 HARGROVE GRADE
SUITE 1A
PALM COAST, FL 32257

2. Principal Place of Business
Suite, Apt. #, etc.
Suite 1b
City & State
PALM COAST FL
Zip
32137
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
Suite 1b
City & State
PALM COAST FL
Zip
32137
Country
USA

04122005 Chg-LLC CR2E083 (10/03)

4. FEI Number
Applied For
Applied For

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CHIUMENTO, MICHAEL D III
4 OLD KINGS ROAD NORTH
SUITE 1A
PALM COAST, FL 32137

7. Name and Address of New Registered Agent
Name
WEBER, ALFRED R JR
Street Address (P.O. Box Number is Not Acceptable)
1 HARGROVE GRADE Suite 1b
City
PALM COAST FL Zip Code
32257

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 DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, ALFRED R JR. 1 HARGROVE GRADE, SUITE 1 PALM COAST, FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, ALFRED R JR 1 HARGROVE GRADE Suite 1b PALM COAST FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #