

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000080112

1. Entity Name

A.W.L. DEVELOPMENT GROUP, LLC



Principal Place of Business

660 OLD DIXIE HIGHWAY
VERO BEACH, FL 32962

Mailing Address

660 OLD DIXIE-HIGHWAY
VERO BEACH, FL 32962



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1935237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGAL, BARRY G ESQ
621 17TH STREET
VERO BEACH, FL 32960

**DO NOT WRITE
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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

1100000831112
02/13/08-90010-023 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCARBOROUGH, TRACEY
STREET ADDRESS	660 OLD DIXIE HIGHWAY
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	MGRM
NAME	AYERS, PATRICK
STREET ADDRESS	660 OLD DIXIE HIGHWAY
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

2/5/08 772-473-1255