

DOCUMENT # L04000082311

1. Entity Name

HW ENTERPRISES, L.L.C.



FILED
Apr 16, 2007 08:00 AM
Secretary of State



Principal Place of Business

1008 ORANGEWOODS BLVD.
 ROCKLEDGE FL 32955
 US

Mailing Address

1008 ORANGEWOODS BLVD.
 ROCKLEDGE FL 32955
 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1875270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

WEATHERFORD, HURDEE
 1008 ORANGE WOODS BLVD
 ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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: MGRM ☐ Delete
 NAME: WEATHERFORD, HURDEE
 STREET ADDRESS: 1008 ORANGE WOODS BLVD
 CITY-ST-ZIP: ROCKLEDGE FL 32955

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
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TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
 NAME: 000000707414
 STREET ADDRESS: 04/24/07-80073-023 50.00
 CITY-ST-ZIP:

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

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

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

Date

Daytime Phone #