

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000002127

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** MW COMMERCIAL GROUP, LLC

**Current Principal Place of Business:**

550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-0335214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHECTER, ROSA E ESQ.  
550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** STERN, RODOLFO  
**Address:** 550 BILTMORE WAY STE 1110  
**City-St-Zip:** MIAMI, FL 33134

**Title:** VP  
**Name:** STERN, EDUARDO  
**Address:** 550 BILTMORE WAY STE 1110  
**City-St-Zip:** MIAMI, FL 33134

**Title:** VPT  
**Name:** SERVIANSKY, DAVID  
**Address:** 550 BILTMORE WAY STE 1110  
**City-St-Zip:** MIAMI, FL 33134

**Title:** VPS  
**Name:** HORWITZ, ROBERTO  
**Address:** 550 BILTMORE WAY STE 1110  
**City-St-Zip:** MIAMI, FL 33134

**Title:** D  
**Name:** EDKSTEIN, BERNARD  
**Address:** 550 BILTMORE WAY STE 1110  
**City-St-Zip:** MIAMI, FL 33134

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** RODOLFO STERN

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date