

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000030781

1. Entity Name

A & W FAMILY HOLDINGS, L.L.C.



Principal Place of Business

105 CACHE CAY DRIVE
VERO BEACH, FL 32963-1213

Mailing Address

3745 11TH CIR STE 105
VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE



04252008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

52-2455998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD., STE. A 210
VERO BEACH, FL 32960-7103

**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-

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | ANDERSON, JANET |
| STREET ADDRESS | 105 CACHE CAY DRIVE |
| CITY-ST-ZIP | VERO BEACH, FL 329631213 |
| TITLE | MGRM |
| NAME | JANET ELLEN ANDERSON TRUST |
| STREET ADDRESS | 105 CACHE CAY DR |
| CITY-ST-ZIP | VERO BEACH, FL 32963 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000950302
06/03/08-80063-006 138.75

**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 #

4/30/08

772-774-7791