

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000044930

1. Entity Name

PW INVESTMENTS, LLC



Principal Place of Business

2740 EVERGREEN WAY
COOPER CITY FL 33026
US

Mailing Address

2740 EVERGREEN WAY
COOPER CITY FL 33026
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

20-2802054

Applied For

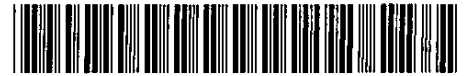
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

WALLINS, SANFORD
2740 EVERGREEN WAY
COOPER CITY FL 33026

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: MGR ☐ Delete
NAME: WALLINS, SANFORD
STREET ADDRESS: 2740 EVERGREEN WAY
CITY-STATE-ZIP: COOPER CITY FL 33026

TITLE: MGR ☐ Delete
NAME: PIQUIN, BRUNO
STREET ADDRESS: 3600 SW 185 AVENUE
CITY-STATE-ZIP: MIRAMAR FL 33029

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

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

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
000000759893
05/24/07-80060-021 50.00

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-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:

SH Wallins

4-30-07

(954) 326-9746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #