2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 01, 2007 08:00 A Secretary of State DOCUMENT # L05000045710 1. Entity Name RWW CONSULTING, LLC Principal Place of Business Mailing Address 229 BAYSHORE DR. CAPE CORAL FL 33904 229 BAYSHORE DR. CAPE CORAL FL 33904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & Stato 4. FEI Number Applied For 20-2706977 Not Applicable Zip Country 2_{in} Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CODE, MARIE B ESQ Street Address (P.O. Box Number is Not Acceptable) 1612 E. CAPE CORAL PARKWAY CAPE CORAL FL 33904 City Zip Codo FI 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, typed or printed name of registered agent and title it 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 10. ADDITIONS/CHANGES TITU. **MGRM** ☐ Delete ☐ Change ☐ Addition NAMI WHITNEY, RUSSELL W NAME STREET ADDRESS STREET ADDRESS 229 BAYSHORE DR. CITY-SI-7IP U00000652564 CHY-ST-ZIP CAPE CORAL FL 33904 TIFLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HILLE Change Delete Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11111 Addition ☐ Delete ☐ Change NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILL ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-78 CITY-ST-7IP 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 eath; that I am a managing member or manager of the limited liability company or the occiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MÁNAGER, OR AUTHORIZED REPRESENTATIVE