

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90077 038 ****50.00

DOCUMENT # L05000049899

1. Entity Name
NWTR, LLC



Principal Place of Business
3471 MAIN HWY SUITE 622
COCONUT GROVE, FL 33133

Mailing Address
C/O WILLIAM D SOMAN
PO BOX 330637
COCONUT GROVE, FL 33233

2. Principal Place of Business - No P.O. Box #
11191 SW 60 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
11191 SW 60 AVENUE
Suite, Apt. #, etc.



01262007 Chg-LLC CR2E083 (12/06)

City & State
PINECREST, FL
Zip **33156** Country **USA**

City & State
PINECREST
Zip **FL** Country **USA**

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM D. SOMAN, P.A.
3471 MAIN HIGHWAY, #622
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name
WILLIAM D. SOMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
11191 SW 60 AVENUE
City **PINECREST** FL Zip Code **33156**

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 *William D Soman, Pres* **WILLIAM D. SOMAN, PRES.** **03-01-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOMAN, WILLIAM D 3471 MAIN HWY, # 622 MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOMAN, WILLIAM 11191 SW 60 AVENUE PINECREST, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William D Soman* **MGR WILLIAM D SOMAN** **03-01-07** **(786) 268-1254**
Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #