

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000071757**

1. Entity Name

MWM INVESTMENTS OF SOUTH FLORIDA, LLC



Principal Place of Business

4524 HIGHGATE DRIVE  
DELRAY BEACH, FL 33445-3558

Mailing Address

4524 HIGHGATE DRIVE  
DELRAY BEACH, FL 33445-3558



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-4370033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRASKER, PAUL ESQ.  
625 NORTH FLAGLER DRIVE, 9TH FLOOR  
WEST PALM BEACH, FL 33401

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MOLEDA, KATARZYNA A  
4524 HIGHGATE DRIVE  
DELRAY BEACH, FL 334453558

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RAMIREZ, KENNETH L  
4524 HIGHGATE DRIVE  
DELRAY BEACH, FL 334453558

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000599579  
01/25/07-80033-010 50.00

**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: *K. Moleda*

K. MOLEDA

*Jan 15, 2007 561-212-0781*

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

Date

Daytime Phone