

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000093330

Entity Name: MRW, LLC

FILED
Jan 02, 2007
Secretary of State

Current Principal Place of Business:

22014 SUNNYSIDE LANE
PANAMA CITY BEACH, FL 324131252

New Principal Place of Business:

Current Mailing Address:

22014 SUNNYSIDE LANE
PANAMA CITY BEACH, FL 324131252

New Mailing Address:

P.O. BOX 22456
SAVANNAH, GA 31403

FEI Number: 20-3524179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, WALLACE
22014 SUNNYSIDE LANE
PANAMA CITY BEACH, FL 324131252 US

Name and Address of New Registered Agent:

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.

SIGNATURE: WALLACE WIGGINS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WIGGINS, WALLACE MR
Address: 1604 STANFORD DRIVE
City-St-Zip: STATESBORO, GA 30461

Title: MGRM () Change (X) Addition
Name: ROESEL, PAUL MR
Address: 3302 ZELL MILLER PARKWAY
City-St-Zip: STATESBORO, GA 30458

Title: MGRM () Change (X) Addition
Name: MOCK, WILLIAM H MR
Address: P.O. BOX 22456
City-St-Zip: SAVANNAH, GA 31403

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 H. MOCK, JR.

MGRM

01/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date