

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90072 030 ****50.00

DOCUMENT # L05000108757

1. Entity Name

W & W MARINE LLC



Principal Place of Business

501 58TH STREET
HOLMES BEACH FL 34217

Mailing Address

501 58TH STREET
HOLMES BEACH FL 34217

2. Principal Place of Business

3. Mailing Address

2101 West View Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUN CITY CENTER, FL

4. FEI Number

20-4010606

Applied For

Not Applicable

Zip

Country

Zip

33573

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLLOY WATKINS, ANN
2101 WEST VIEW DRIVE
SUN CITY CENTER FL 33573

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WIMPY, WILLIAM
STREET ADDRESS 501 58TH STREET
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE MGRM ☐ Delete
NAME WATKINS, ED
STREET ADDRESS 2101 WEST VIEW DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

Ed Watkins

Ed Watkins

28 MAR 06

941-723 7107

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

Date

Daytime Phone #