

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117290

Entity Name: NNW, LLC

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1363 W. LAKESHORE DR.  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1363 W. LAKESHORE DR.  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 20-4806500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WADE, ROBERT J  
1363 W. LAKESHORE DR.  
CLERMONT, FL 34711 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WADE, ROBERT J  
Address: 1363 W. LAKESHORE DR  
City-St-Zip: CLERMONT, FL 34711

I hereby 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: ROBERT J WADE

MGRM

01/15/2010

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