

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-16-2007 90336 007 ****50.00

DOCUMENT # L06000001875 1. Entity Name CGW HOLDINGS, LLC			
Principal Place of Business POST OFFICE LAKES WALES FROSTPROFF, FL 33843		Mailing Address POST OFFICE LAKES WALES FROSTPROFF, FL 33843	
2. Principal Place of Business - No P.O. Box # 33 E. WALL STREET FROSTPROOF, FL 33843		3. Mailing Address 33 E. WALL STREET FROSTPROOF, FL 33843	
4. FEI Number 03132007		Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired ☐		☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBBINS, R. JAMES JR. 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA, FL 33602		7. Name and Address of New Registered Agent P. T. WILSON 33 EAST WALL STREET FROSTPROOF, FL 33843	
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		P.T. Wilson 3/16/2007	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, CLAYTON G. 65 MOUNTAIN LAKE ESTATES LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:		Clayton G. Wilson 3/14/2007 863-635-4804	