

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000021800

Entity Name: CCW CENTER, LLC

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3180 FAIRLANE FARMS ROAD  
SUITE 1  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

3180 FAIRLANE FARMS ROAD  
SUITE 1  
WELLINGTON, FL 33414 US

**New Mailing Address:**

FEI Number: 20-4925330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PRUITT, WILLIAM E  
3030 SOUTH DIXIE HIGHWAY  
SUITE 5  
WEST PALM BEACH, FL 33405 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: CZAJKOWSKI, GARY F  
Address: 8035 DILLMAN ROAD  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: MGRM  
Name: CZAJKOWSKI, MARY JANE  
Address: 8035 DILLMAN ROAD  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: MGRM  
Name: CZAJKOWSKI, MICHAEL  
Address: 320 WILMA CIRCLE  
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: MGRM  
Name: WIGHT, HOWARD  
Address: 1715 GATOR TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33409 US

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: GARY CZAJKOWSKI

MGRM

04/22/2010

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