

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

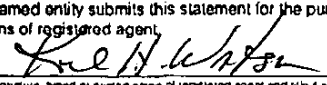
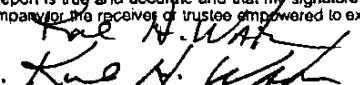
FILED
Mar 16, 2007 8:00 am
Secretary of State

02-13-2007 90057 011 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000021971			
1. Entity Name KW CONSULTING, LLC			
Principal Place of Business 7620 S FLAGLER DRIVE WEST PALM BEACH FL 33405		Mailing Address 7620 S FLAGLER DRIVE WEST PALM BEACH FL 33405	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1749	
Suite, Apt. #, etc. - - -		Suite, Apt. #, etc.	
City & State		City & State West Palm Beach, FL	
Zip	Country	Zip	Country
33402	USA	33402	USA
4. FEI Number 20-4463913		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name: KARL H. WATSON Street Address (P.O. Box Number is Not Acceptable): 7620 S. FLAGLER DRIVE City: West Palm Beach FL Zip Code: 33405	
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: 		DATE: 13 March 2007	
Signature, typed or printed name of registered agent and title is applicable.		(NOTE: Registered Agent signature required when renewing)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR WATSON, KARL H 7620 S FLAGLER DRIVE WEST PALM BEACH FL 33405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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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: 		DATE: 3/13-06 1/29/06	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Daytime Phone # 561-346-1000	