

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000035322

Entity Name: MWW, LLC

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1418 DOLPH CIRCLE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1418 DOLPH CIRCLE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 20-4648785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCRAE, MICHAEL M  
1418 DOLPH CIRCLE  
ORMOND BEACH, FL 32174 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: PRES  
Name: MCRAE, MICHAEL M  
Address: 1418 DOLPH CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: V.P.  
Name: MCRAE, JEAN C  
Address: 1418 DOLPH CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

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: MICHAEL M MCRAE

PRES

02/03/2011

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