

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037082

Entity Name: M R W HOLDING GROUP, LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

4914 OLD MIDDLEBURG ROAD NORTH  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

2579 WATERMILL DRIVE  
ORANGE PARK, FL 32073 US

**Current Mailing Address:**

4914 OLD MIDDLEBURG ROAD NORTH  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

2579 WATERMILL DRIVE  
ORANGE PARK, FL 32073 US

FEI Number: 20-5171208      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JAMES A. NOLAN, P.A.  
4114 HERSCHEL STREET  
SUITE 105  
JACKSONVILLE, FL 32210 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: MGR ( ) Delete  
Name: JONES, MARVENA  
Address: 4914 OLD MIDDLEBURG ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32210 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JONES, MARVENA  
Address: 2579 WATERMILL DRIVE  
City-St-Zip: ORANGE PARK, FL 32073 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARVENA JONES

MGR

05/01/2009

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