

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038506

Entity Name: PFW PROPERTIES, LLC

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

4054 BEAVER LN STE 7
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

POB 510626
PUNTA GORDA, FL 33951

New Mailing Address:

FEI Number: 20-4775565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A
FARR, FARR, EMERICH, HACKETT AND CARR, P.A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: FORENSKY, JAMES
Address: P.O. BOX 510626
City-St-Zip: PUNTA GORDA, FL 33951

Title: MGRM () Delete
Name: POLLIZZI, ANTHONY
Address: P.O. BOX 510626
City-St-Zip: PUNTA GORDA, FL 33951

Title: MGRM (X) Delete
Name: WYNN, VANDER
Address: P.O. BOX 510626
City-St-Zip: PUNTA GORDA, FL 33951

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORENSKY, JAMES
Address: P.O. BOX 510626
City-St-Zip: PUNTA GORDA, FL 33951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES FORENSKY

MGRM

02/26/2009

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