

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053596

Entity Name: MW HOLDINGS, LLC

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

3421 N. LAKEVIEW DR.
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3421 N. LAKEVIEW DR.
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-4848244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEXTON, WANDA F
13310 N. 56TH STREET
TEMPLE TERRACE, FL 33617 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: WU, DAVID
Address: 3421 N. LAKEVIEW DR.
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: WU, DONALD
Address: 3421 N. LAKEVIEW DR.
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: CHANG, KAN
Address: 3421 N. LAKEVIEW DR.
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: CHANG, CHIN CHIH
Address: 3421 N. LAKEVIEW DR.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

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

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

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: DONALD WU

D

03/04/2009

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