

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000058043

1. Entity Name
M-W LAND & INVESTMENTS, L.L.C.



Principal Place of Business

1201 STONY CREEK WAY
TALLAHASSEE, FL 32317-9434

Mailing Address

1201 STONY CREEK WAY
TALLAHASSEE, FL 32317-9434

FILED
08 APR -2 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04022008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-4998062

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY-WILLIAMS, OPAL
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILLIAMS, ALAN B
STREET ADDRESS	1201 STONY CREEK WAY
CITY-ST-ZIP	TALLAHASSEE, FL 323179434
TITLE	MGRM
NAME	MCKINNEY-WILLIAMS, OPAL
STREET ADDRESS	1201 STONY CREEK WAY
CITY-ST-ZIP	TALLAHASSEE, FL 323179434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

BK
600121881936
04/02/08--01004--003 **138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Opal McKinney Williams 2 April 2008 850.556.1113