

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077298

Entity Name: CW SPECIALTIES LLC

FILED  
Mar 01, 2007  
Secretary of State

**Current Principal Place of Business:**

121 LEVY RD  
ATLANTIC BEACH, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

121 LEVY RD  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

FEI Number: 20-5328076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

XPRESS EFILE INC  
1511 PENMAN RD  
STE B  
JACKSONVILLE BEACH, FL 32250 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: WILSON, CHRISTOPHER  
Address: 121 LEVY RD  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

**ADDITIONS/CHANGES:**

Title: P/S (X) Change ( ) Addition  
Name: WILSON, CHRISTOPHER  
Address: 121 LEVY RD  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER WILSON

P/S

03/01/2007

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