

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077298

Entity Name: CW SPECIALTIES LLC

FILED
Mar 04, 2010
Secretary of State

Current Principal Place of Business:

3099 LEON RD. UNIT 8
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

3099 LEON RD UNIT 8
JACKSONVILLE, FL 32246 US

Current Mailing Address:

3099 LEON RD. UNIT 8
JACKSONVILLE, FL 32246 US

New Mailing Address:

3099 LEON RD UNIT 8
JACKSONVILLE, FL 32246 US

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: PS
Name: WILSON, CHRISTOPHER
Address: 1936 2ND AVE N
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: V
Name: RECTOR, SHAWN
Address: 3709 SAN PABLO S APT 302
City-St-Zip: JACKSONVILLE, FL 32224

Title: V
Name: LECHLEIDNER, KEITH
Address: 221 SEMINOLE ROAD
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby 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

PS

03/04/2010

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