

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092505

Entity Name: WTSW, LLC

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

3957 SUSAN DRIVE
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

3957 SUSAN DRIVE
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 20-5576366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SUSAN L
3957 SUSAN DR
GREEN COVE SPRINGS, FL 32043 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: MGRM () Delete
Name: LEMEN, WILLIAM T III
Address: 8090 AIA S. #401
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM () Delete
Name: WILLIAMS, SUSAN L
Address: 3957 SUSAN DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEMEN, WILLIAM T III
Address: C/O 3930 SUSAN DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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: SUSAN L WILLIAMS

MGRM

04/18/2009

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