

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000100445

1. Entity Name  
NAWA, LLC



Principal Place of Business

2831 MARINA CIRCLE  
SLIP N13  
LIGHTHOUSE POINT, FL 33064 US

Mailing Address

896 NORTH FEDERAL HWY  
BOX 612  
POMPANO BEACH, FL 33062 US

FILED

07 OCT 18 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

720 Orton Ave

3. Mailing Address

720 Orton Ave

Suite, Apt. #, etc.

Apt # 102

Suite, Apt. #, etc.

# 102

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33304

Country

USA

Zip

33304

Country

USA

10092007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIANNELLI, THOMAS J  
2831 MARINA CIRCLE  
SLIP N13  
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent

Name

Thomas J. Giannelli

Street Address (P.O. Box Number is Not Acceptable)

720 Orton Ave

Apt 102

City

Ft. Lauderdale

FL

Zip Code

33304

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

*Thomas J. Giannelli* Thomas J. Giannelli

10-9-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete  
NAME GIANNELLI, THOMAS J  
STREET ADDRESS 2831 MARINA CIRCLE  
CITY-ST-ZIP SLIP N13, FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME Andrew D. Marchion  
STREET ADDRESS 720 Orton Ave Apt 102  
CITY-ST-ZIP Ft Lauderdale, FL 33304

TITLE MGRM ☒ Change ☐ Addition  
NAME Thomas J. Giannelli  
STREET ADDRESS 720 Orton Ave Apt 102  
CITY-ST-ZIP Ft Lauderdale, FL 33304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Thomas J. Giannelli* Thomas J. Giannelli

10-9-07

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

Date

Daytime Phone #