

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105429

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: ENMW LLC

**Current Principal Place of Business:**

1921 NORTH NORMANDY BLVD.  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 390545  
DELTONA, FL 32739 US

**New Mailing Address:**

FEI Number: 20-5800500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WRIGHT, MANDA S  
2160 CLEARWATER DR.  
DELTONA, FL 32738 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: WRIGHT, MANDA S  
Address: 2160 CLEARWATER DR.  
City-St-Zip: DELTONA, FL 32738 US

Title: MGRM ( ) Delete  
Name: WRIGHT, NORA M  
Address: 2160 CLEARWATER DR.  
City-St-Zip: DELTONA, FL 32738 US

Title: MGRM ( ) Delete  
Name: WRIGHT, MICHELLE B  
Address: 2160 CLEARWATER DR.  
City-St-Zip: DELTONA, FL 32738 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: WRIGHT, ESTHER  
Address: 1185 CARROLL ST. APT. 6E  
City-St-Zip: BROOKLYN, NY 11225

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: MANDA WRIGHT

MGT

04/29/2008

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