

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90066 049 \*\*\*\*50.00

DOCUMENT # L06000115247

1. Entity Name  
CGW CONSULTING LLC



Principal Place of Business  
16 SHERWOOD RD.  
FORT WALTON BEACH, FL 32547 US

Mailing Address  
16 SHERWOOD RD.  
FORT WALTON BEACH, FL 32547 US

60055351

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

3. Mailing Address  
189 Valencia Cir.

Suite, Apt. #, etc.

08272007 Chg-LLC CR2E083 (12/06)

City & State  
St. Petersburg, FL

City & State  
St. Petersburg, FL

Zip Country USA  
33716

Zip Country USA  
33716

4. FEI Number  
20-8020269

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN ROAD  
SUITE 400  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name  
CGW Consulting LLC

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

City St. Petersburg FL Zip Code 33716

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 [Signature] DATE 8/25/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME WASHINSKI, CHARLES  
STREET ADDRESS 16 SHERWOOD RD.  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 189 Valencia Cir.  
CITY-ST-ZIP St. Petersburg, FL 33716

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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: [Signature] DATE 8/25/07 DAYTIME PHONE # 727-729-1244

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