2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003220

Entity Name: MWM OF FLORIDA LLC

City-St-Zip:

HOLLISTON, MA 01746 US

FILED Feb 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2 LINDA AVENUE METHUEN, MA 01844 US **Current Mailing Address: New Mailing Address:** 2 LINDA AVENUE METHUEN, MA 01844 US FEI Number: 20-8924263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **ACTIVE FILINGS LLC** 10651 NE 11 CT MIAMI SHORES, FL 33138 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PERRY, MARK Name: Name: Address: 2 LINDA AVENUE Address: City-St-Zip: METHUEN, MA 01844 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BROWN- PERRY, WENDY Name: Name: Address: 2 LINDA AVENUE Address: City-St-Zip: METHUEN, MA 01844 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BROWN, MARGARET Name: Name: 20 OAKHURST LANE Address: Address:

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.

City-St-Zip:

SIGNATURE: MARK PERRY MGRM 02/08/2009