

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 30, 2008 8:00 am
Secretary of State

05-30-2008 90019 044 ***138.75

DOCUMENT # L07000041727			
1. Entry Name MWH INVESTMENTS, LLC			
Principal Place of Business 1847 FLORIDA AVE. PANAMA CITY, FL 32405		Mailing Address 1847 FLORIDA AVE. PANAMA CITY, FL 32405	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent KIEHN, ROLAND W ESQ 220 MCKENZIE AVE. PANAMA CITY, FL 32405		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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: _____ DATE: _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting)			
FILE MONTH: FEB 13 \$138.75 After May 1, 2008 Fee will be \$838.75		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / ALL POSITIONS ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mr. Michael W. Hennigan 2705 Whisperwood Ln. Panama City, FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Other. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: <u>Michael Hennigan</u>		3/23/08 850-914-8618	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30010639



03112008 Chg-LLC CR2E083 (12/08)

4. FEI Number
20-8874250
Applied For
Not Applicable

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