

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90047 040 \*\*\*138.75

**DOCUMENT # L07000048446**

1. Entity Name  
MWW MANAGEMENT, LLC



Principal Place of Business

6281 39TH STREET N.  
SUITE C  
PINELLAS PARK, FL 33781

Mailing Address

6281 39TH STREET N.  
SUITE C  
PINELLAS PARK, FL 33781

60000185

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

Suite, Apt. #, etc.

3. Mailing Address

5651 Charmant Dr

Suite, Apt. #, etc.

01032008 Chg-LLC CR2E083 (12/06)

City & State

City & State

Clearwater, FL

4. FEI Number

26-0153864

Applied For

Not Applicable

Zip

Country

Zip

33760

Country

Pinellas

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEIGEL, LARRY L  
6281 39TH STREET N.  
SUITE C  
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name Larry L. Weigel

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

5651 Charmant Dr

City Clearwater

FL

Zip Code

33760

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

*Larry L. Weigel* Larry L. Weigel

1-4-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME WEIGEL, LARRY L  
STREET ADDRESS 5651 CHARMANT DRIVE  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE MGRM ☐ Delete  
NAME WHITE, CHRIS  
STREET ADDRESS 4325 CHANCELLOR STREET NE  
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE MGRM ☐ Delete  
NAME MOE, ATLE  
STREET ADDRESS 1712 TANGLEWOOD DRIVE NE  
CITY-ST-ZIP ST. PETERSBURG, FL 33702

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  
CITY-ST-ZIP

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

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

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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:

*Larry L. Weigel* Larry L. Weigel

1-4-08

727-528-4526

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

Date

Daytime Phone #