

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2012 JUN -8 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05152012 Chg-LLC CR2E083 (12/11)

4. FEI Number
26-3990069

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, RICHARD W
3956 TOWN CENTER BLVD
269
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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]

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

5/31/12
DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 28, 2012**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWR HOLDING, INC 3956 TOWN CENTER BLVD SUITE 269 ORLANDO, FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWMAN, ANGELA S 1232 COURTNEY CHASE CIR. #1316 ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASS, DONALD 805 POPLAR STR INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID, RICHARD W 3956 TOWN CENTER BLVD # 269 ORLANDO, FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEPEDA, CARLOS J 4531 SW 5TH ST MIAMI, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400236248324 06/12/12--01005--012 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:

[Signature]

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

DATE

5/31/12 CustomerService@onlywayreality.com

E-MAIL ADDRESS