

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY

REINSTATEMENT

2011 Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 SEP 23 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000122864

1. Limited Liability Company's Name

MWCM ENTERPRISES, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

104 BIT CT

3 Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

Zip

34743

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

11/30/2010

6. FEI Number

27-4080072

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARIA G BRANCO

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

104 BIT CT

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34743

E-mail Address:

900212480279
09/23/11--01050--008 **543.75

master2644@HOTMAIL.

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Maria G Branco

REGISTERED AGENT MUST SIGN

Date

9-20-11

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARIA G BRANCO	104 BIT CT	KISSIMMEE, FL 34743
	L. SELLERS		
	SEP 26 2011		
	EXAMINER		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Maria G Branco

Date

9-20-11

Daytime Phone #

407-467-9801

Typed or printed name of signing Managing Member/Manager