

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L94000000635

1. Entity Name
K & W INVESTMENTS OF TALLAHASSEE, L.C.



Principal Place of Business
**742 WEST MADISON STREET
TALLAHASSEE, FL 32304**

Mailing Address
**742 WEST MADISON STREET
TALLAHASSEE, FL 32304**



02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3283717

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALSH, ROBERT H
742 WEST MADISON STREET
TALLAHASSEE, FL 32304**

**DO NOT WRITE
IN THIS SPACE**

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, 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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALSH, ROBERT H
P.O. BOX 5805
TALLAHASSEE, FL 32314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALSH, MARY
PO BOX 5805
TALLAHASSEE, FL 32314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000841538
03/10/08-80021-009 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #