

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90035 011 ***138.75

DOCUMENT # M02000003251

1. Entity Name
PMW HOSPITALITY, LLC



Principal Place of Business

2033 MAIN STREET
SUITE 405
SARASOTA, FL 34237

Mailing Address

2033 MAIN STREET
SUITE 405
SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE



04302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WESTMAN, RONALD F
2033 MAIN STREET, SUITE 405
SARASOTA, FL 34237

**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
MGR
WESTMAN, RONALD F
4425 THOMAS DR, PH-5
PANAMA CITY BEACH, FL 32408

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WESTMAN, PAULINE M
4425 THOMAS DR, PH-5
PANAMA CITY BEACH, FL 32408

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WILSON, DONALD
101 NORTH MAIN STREET
BERRIEN SPRINGS, MI 49103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 608, Florida Statutes.

SIGNATURE: Don L Wilson, Manager

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

4/30/08

Date

(269)473-1221

Daytime Phone #