LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000003251



FILED Feb 24, 2003 8:00 am Secretary of State

1. Entity N	Entity Name				02-24-2003 90057 011 ****50.00		
PMW H	OSPITALITY, LLC						
	DO NOT WRITE	IN THIS S	PAC	Œ			
2. Principa	Place of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.							
07.00		<u> </u>			DO NOT WRITI	E IN THIS S	SPACE
City & St	RRIEN Springs, MI	City & State		·	4. FEI Number		Applied For
Zip 4 g	103 Country BERRICA	Zip	Cou	ntry	5. Certificate of Status Desired		S5.00 Additional
	10 DEXIVOR				<u></u>	_	Fee Required
	DO NOTAN			Name .	7. Name and Address of Current F		
	<u>DO NOT WI</u>	SHAROTER SHAROTER CAR WELL FOR MORE THAN THAT		Street Address (F	S Nexis Decument	¥)0/	vtions
	IN THIS SP	ACE					
				3953	hance	, 	
				City Talla	hance	FL	Zip Code
the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing its	register	ed office or registere	d agent, or both, in the State of Florid	da. I am fa	miliar with, and accept
· ·							·
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable.					
		· · · · · · · · · · · · · · · · · · ·	EE IS	\$50.00		DATE	 ,
		Make Check Payabi	le to Fl	orida Departmen	t of State		
9.	MANAGING MEMBERS		UE BY	MAY 1			
TITLE	MGRM		TITLE				
NAME STREET ADDRESS	Pauline M. Westman 101 N MAIN St.	1	NAME	Back Back Strain Countries			
CITY-ST-ZIP	Berrien Springs M:	T (Lave >		T ADDRESS			
TITLE	MGR Springs	47105	CONTRACTOR OF THE PARTY OF THE	ST-ZIP			
NAME	RMAID F. WESTMAN		TITLE				
STREET ADDRESS CITY-ST-ZIP	101 N MAIN St.		STREE	T ADDRESS			
TITLE	MER Springs MI	49103	Спу-	ST ZIP			
NAME	DON L. Wilson 54892 Sunsed Dr		TITLE				
STREET ADDRESS C!TY-ST-ZIP	1 Da .		通航海通	FADDRESS			
TITLE	Dowagiac MI 490	47	CITY-5	51-ZIP	<u>DO NOT W</u>	RIT	E
NAME	,		ITTLE		IN THIS SE	DAR	
STREET ADDRESS	•		NAME STREET	ADDRESS			=
CITY-ST-ZIP			CITY-S	第二人とユニアは、中国、最大的のから変素が重複的的			
TITLE NAME		· · · · · ·	TITLE				
STREET ADDRESS			NAME	Agrana			
CITY-ST-ZIP			SIREET CITY-S	ADDRESS T-ZIP			
TITLE			TITLE				
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP		the Carte .	STREET CITY-ST	ADDRESS 7IP			
1. I hereby ce	ertify that the information supplied with this on this report is true and accurate and that		e exemp	otion stated in Section	in 119.07(3)(i). Florida Statutes I furti	ner certific	that the information

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Floriner certify that the informatic

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