

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90296 001 \*\*\*\*26.40  
03-31-2006 90296 002 \*\*\*\*50.00

**DOCUMENT # M04000003462**

1. Entity Name  
**PWG FRANCHISING LLC**



Principal Place of Business  
**39 SKYLINE DRIVE  
LAKE MARY, FL 32746**

Mailing Address  
**39 SKYLINE DRIVE  
LAKE MARY, FL 32746**

**30006044**



03012006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1127498**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
PWG HOLDINGS LLC  
2100 RIVEREDGE PARKWAY, STE. 840  
ATLANTA, GA 30328**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY- ST- ZIP

**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 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

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

**4-18-06**

Date

**970-989-8262**

Daytime Phone #