

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # MD4000003505

1. Entity Name
W.W.C., LLC



Principal Place of Business

1000 TOWN CENTER, 22ND FLOOR
SOUTHFIELD, MI 48075

Mailing Address

1000 TOWN CENTER, 22ND FLOOR
SOUTHFIELD, MI 48075



01112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0317177

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVE, BENJAMIN E
1500 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE, FL 33304

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGRM BROOKS, ERNIE L
STREET ADDRESS	1000 TOWN CENTER, 22ND FLOOR
CITY-ST-ZIP	SOUTHFIELD, MI 48075

TITLE NAME	MGRM NEMAZI, JOHN E
STREET ADDRESS	1000 TOWN CENTER, 22ND FLOOR
CITY-ST-ZIP	SOUTHFIELD, MI 48075

TITLE NAME	MGRM LEWRY, THOMAS A
STREET ADDRESS	1000 TOWN CENTER, 22ND FLOOR
CITY-ST-ZIP	SOUTHFIELD, MI 48075

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80077-021 50.00

**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 #

1-13-06 748-358-4400