

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001843

Entity Name: NEUW ENTERPRISE LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

25 CENTRAL PARK WEST APT 91
NEW YORK, NY 10023

New Principal Place of Business:

Current Mailing Address:

25 CENTRAL PARK WEST APT 91
NEW YORK, NY 10023

New Mailing Address:

1713 NORTH STAFFORD ST
ARLINGTON, VA 22207

FEI Number: 22-2881987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULZ, KATHY
C/O PRUDENTIAL HATTON REALTY
3801 S WESTSHORE BLVD.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEUWIRTH, JESSICA
Address: 25 CENTRAL PARK WEST APT 91
City-St-Zip: NEW YORK, NY 10023

Title: MGR () Delete
Name: NEUWIRTH, LAURA
Address: 1713 NORTH STAFFORD ST.
City-St-Zip: ARLINGTON, VA 22207

Title: MGR () Delete
Name: NEUWIRTH, ROBERT S
Address: 400 GLOUCESTER RD
City-St-Zip: ENGLEWOOD, NJ 07631

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA NEUWIRTH

MS.

04/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date