

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009422

Entity Name: P. W., LLC

Current Principal Place of Business:

2491 NURSERY RD.
CLEARWATER, FL 33764

Current Mailing Address:

P.O. BOX 1508
LARGO, FL 33779-1508

FEI Number: 20-5716186

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLI, DEAN
1650 N HERCULES AVE
SUITE N
BELLEAIR , FL 33756 US

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

Authorized Person(s) Detail :

Title MGRM
Name ALLI, DEAN
Address 1650 N HERCULES AVE
SUITE N
City-State-Zip: BELLEAIR AND FL 33756

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEAN ALLI

MGRM

01/27/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date