## **2023 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 33765 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

**FILED** Jan 23, 2023

**Secretary of State** 

5249747832CC

## Authorized Person(s) Detail:

**MGRM** Title

ALLI. DEAN Name

SIGNATURE: DEAN ALLI

Address 1650 N HERCULES AVE

SUITE N

City-State-Zip: BELLEAIR AND FL 33765

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.

**MGRM** 

Electronic Signature of Signing Authorized Person(s) Detail

01/23/2023

Date