

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124151

**Entity Name:** PDP-MWW-WEBER, LLC

**Current Principal Place of Business:**

398 CITY VIEW DR  
FT LAUDERDALE, FL 33311-9136

**Current Mailing Address:**

398 CITY VIEW DR  
FT LAUDERDALE, FL 33311-9136 US

**FEI Number:** 26-1602823

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PETRUCCI, PETER D  
398 CITY VIEW DR  
FT LAUDERDALE, FL 33311-9136 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 PETRUCCI, PETER D  
Address 398 CITY VIEW DR  
City-State-Zip: FT LAUDERDALE FL 33311-9136

Title PT  
Name PETRUCCI, PETER D  
Address 398 CITY VIEW DR  
City-State-Zip: FT LAUDERDALE FL 33311-9136

Title MGRM  
Name WALKOWSKI, MICHAEL W  
Address 398 CITY VIEW DR  
City-State-Zip: FT LAUDERDALE FL 33311-9136

Title VS  
Name WALKOWSKI, MICHAEL W  
Address 398 CITY VIEW DR  
City-State-Zip: FT LAUDERDALE FL 33311-9136

*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:** PETER D PETRUCCI

**PRESIDENT**

**02/28/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date