

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000010929

**Entity Name:** AWD LLC

**Current Principal Place of Business:**

22912 ICE AVE  
BLOOMFIELD, IA 52537

**Current Mailing Address:**

22912 ICE AVE  
BLOOMFIELD, IA 52537 US

**FEI Number:** 46-4596879

**Certificate of Status Desired:** No

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

BONE, DAVID D  
100 WALLACE AVE  
SUITE 100  
SARASOTA, FL 34237 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	MGR	Title	MANAGER
Name	WEILER, ABRAM L	Name	WEILER, ABRAM
Address	22912 ICE AVE	Address	22912 ICE AVE
City-State-Zip:	BLOOMFIELD IA 52537	City-State-Zip:	BLOOMFIELD IA 52537
Title	MANAGER		
Name	WEILER, ABRAM		
Address	22912 ICE AVE		
City-State-Zip:	BLOOMFIELD IA 52537		

*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:** ABRAM WEILER

**MANAGER**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date