

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000162783

**Entity Name:** MTW DEVELOPMENT, LLC

**Current Principal Place of Business:**

700 S PALAFOX  
SUITE 200-J  
PENSACOLA, FL 32502

**Current Mailing Address:**

700 S PALAFOX  
SUITE 200-J  
PENSACOLA, FL 32502 US

**FEI Number:** 83-1427060

**Certificate of Status Desired:** No

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

HIGHTOWER LAW FIRM  
119 N PALAFOX ST  
PENSACOLA, FL 32502 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           DIRECTOR  
Name           WARREN, LAURA  
Address        700 S PALAFOX  
                  SUITE 200-J  
City-State-Zip: PENSACOLA FL 32502

Title           DIRECTOR  
Name           MYSLAK, HATICE L  
Address        2015 WHALEY AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title           DIRECTOR  
Name           TOLAN, BECKY  
Address        754 PEAKES POINT  
City-State-Zip: GULF BREEZE FL 32561

Title           DIRECTOR  
Name           DAVIS, DARRIN  
Address        3821 JUNIPER TRACE  
                  STE. 207  
City-State-Zip: AUSTIN TX 78738

*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:** LAURA WARREN

**DIRECTOR**

**03/21/2024**

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

\_\_\_\_\_  
Date