

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000156292

**Entity Name:** FWW, LLC

**Current Principal Place of Business:**

2600 MCCORMICK DRIVE, #200  
CLEARWATER, FL 33759

**Current Mailing Address:**

2600 MCCORMICK DRIVE, #200  
CLEARWATER, FL 33759

**FEI Number:** 84-2190633

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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            PRESIDENT  
Name            MCLAMB, MICHAEL H  
Address        2600 MCCORMICK DRIVE, #200  
City-State-Zip: CLEARWATER FL 33759

Title            VP  
Name            MCGILL, WILLIAM BRETT  
Address        2600 MCCORMICK DRIVE, #200  
City-State-Zip: CLEARWATER FL 33759

Title            VP  
Name            CASHMAN, CHARLES  
Address        2600 MCCORMICK DRIVE, #200  
City-State-Zip: CLEARWATER FL 33759

Title            ASST. TREASURER  
Name            CASSELLA, ANTHONY  
Address        2600 MCCORMICK DRIVE, #200  
City-State-Zip: CLEARWATER FL 33759

Title            AUTHORIZED MEMBER  
Name            MARINEMAX EAST, INC.  
Address        2600 MCCORMICK DRIVE, #200  
City-State-Zip: CLEARWATER FL 33759

*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:** MICHAEL H. MCLAMB

**PRESIDENT**

**03/01/2023**

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

\_\_\_\_\_  
Date