LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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FILED
May 01, 2002 8:00 am
Secretary of State
03-07-2002 90151 022 ****50.00

DOCUMENT # L01000021159

1. Entity Name

DMES PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13181 Ponderosa Way	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State
Zip: 33907 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0547726 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David M. Gutstein

Street Address (P.O. Box Number is Not Acceptable)

13181 Ponderosa Way

City Fort Myers, **FL** Zip Code 33907

8. 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: David M. Gutstein DATE: 2/8/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David M. Gutstein Manager/Member 13181 Ponderosa Way Fort Myers, FL 33907	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jodi ~~Grosflam~~ GROSFLAM Member 13181 Ponderosa Way Fort Myers, FL 33907	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lavrie Gutstein Member 6013 West Riverside Drive Fort Myers, FL 33919	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: David M. Gutstein Managing Member 2/8/02 941 466 5838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #