

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029287

FILED
Apr 30, 2009
Secretary of State

Entity Name: D.R. WINSTON, LLC

Current Principal Place of Business:

17452 COBBLESTONE LN
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

17452 COBBLESTONE LN
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 41-2273410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAIRES & HAMMOND, P.L.
283 CRANES ROOST BLVD
STE 165
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

CB&G SERVICES, INC.
283 CRANES ROOST BLVD
STE 165
ALTAMONTE SPRINGS, FL 32701 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: GREGORY A. CHAIRES

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PST () Delete
Name: ROQUE, ROGER C MD
Address: 17452 COBBLESTONE LN
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: ROQUE, MELIZA A
Address: 17452 COBBLESTONE LN
City-St-Zip: CLERMONT, FL 34711

Title: AS () Delete
Name: ROQUE, MELIZA A
Address: 17452 COBBLESTONE LN
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROGER C. ROQUE

PST

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date