# 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: TRUDY MCCONNELL

Electronic Signature of Signing Authorized Person(s) Detail

# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L05000101315

Entity Name: DEWI COLLECTION LIMITED LIABILITY COMPANY

# Current Principal Place of Business:

1519 NORTH DIXIE HWY UNIT #366 LAKE WORTH, FL 33460

## **Current Mailing Address:**

P.O. BOX 2241 PALM BEACH, FL 33480 US

# FEI Number: 20-3667366

## Name and Address of Current Registered Agent:

MCCONNELL, TRUDY MMS. 702 N. FEDERAL HIGHWAY APT A-6 LAKE WORTH., FL 33460 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

## Authorized Person(s) Detail :

| Title           | PRES                           | Title           | SENIOR VICE PRESIDENT |
|-----------------|--------------------------------|-----------------|-----------------------|
| Name            | MCCONNELL, TRUDY M             | Name            | MOFFAT, LOIS          |
| Address         | 702 NORTH FEDERAL HIGHWAY. APT | Address         | P.O. BOX 2241         |
| City Chata Zin. |                                | City-State-Zip: | PALM BEACH FL 33480   |
| City-State-Zip: | LAKE WORTH FL 33460            |                 |                       |

Certificate of Status Desired: Yes

FILED Jan 06, 2015 Secretary of State CC6012661429

> 01/06/2015 Date

Date

PRESIDENT

DENT