

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000029287

**Entity Name:** D.R. WINSTON, LLC

**Current Principal Place of Business:**

17452 COBBLESTONE LN  
CLERMONT, FL 34711

**FILED**  
**Apr 13, 2015**  
**Secretary of State**  
**CC9934509427**

**Current Mailing Address:**

620 S LAKE ST  
SUITE2  
LEESBURG, FL 34748 US

**FEI Number:** 41-2273410

**Certificate of Status Desired:** Yes

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title PST  
Name ROQUE, ROGER CMD  
Address 17452 COBBLESTONE LN  
City-State-Zip: CLERMONT FL 34711

Title VP  
Name ROQUE, MELIZA A  
Address 17452 COBBLESTONE LN  
City-State-Zip: CLERMONT FL 34711

Title AS  
Name ROQUE, MELIZA A  
Address 17452 COBBLESTONE LN  
City-State-Zip: CLERMONT FL 34711

*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:** ROGER ROQUE

PST

04/13/2015

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

\_\_\_\_\_  
Date