

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000033168

**Entity Name:** DRL DEVELOPMENT, LLC

**Current Principal Place of Business:**

1637 EAST VINE STREET, SUITE E  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1637 EAST VINE STREET, SUITE E  
KISSIMMEE, FL 34744

**FEI Number:** 26-2313814

**Certificate of Status Desired:** No

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

LOWERY, DEION R  
1637 EAST VINE STREET, SUITE E  
KISSIMMEE, FL 34744 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 MGR  
Name LOWERY, DEION R  
Address 1637 EAST VINE STREET, SUITE E  
City-State-Zip: KISSIMMEE FL 34744

Title MGR  
Name BORCK, TODD L  
Address 1637 EAST VINE STREET, SUITE E  
City-State-Zip: KISSIMMEE FL 34744

Title P  
Name LOWERY, DEION R  
Address 1637 EAST VINE STREET, SUITE E  
City-State-Zip: KISSIMMEE FL 34744

Title VP  
Name BORCK, TODD L  
Address 1637 EAST VINE STREET, SUITE E  
City-State-Zip: KISSIMMEE FL 34744

*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:** DEION LOWERY

**MGR**

**04/28/2017**

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

\_\_\_\_\_  
Date