

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000053441

**Entity Name:** D.R. WEXINGTON LLC

**Current Principal Place of Business:**

C/O ROTHBERG, SMITH & ASSOCIATES, PA  
2601 EAST OAKLAND PARK BOULEVARD SUITE 306  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

C/O ROTHBERG, SMITH & ASSOCIATES, PA  
2601 EAST OAKLAND PARK BOULEVARD SUITE 306  
FORT LAUDERDALE, FL 33306 US

**FEI Number:** 27-2609133

**Certificate of Status Desired:** No

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

WEXLER, DAVID  
9601 COLLINS AVE., APT.604  
MIAMI BEACH, FL 33154 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 MGRM  
Name WEXINGTON LLC  
Address C/O ROTHBERG, SMITH &  
ASSOCIATES, PA  
2601 EAST OAKLAND PARK  
BOULEVARD SUITE 306  
City-State-Zip: FORT LAUDERDALE FL 33306

Title MGR  
Name WEXLER, ROBERT JTRUSTEE  
Address 300 SOUTH POINTE DRIVE, APT. 4204  
City-State-Zip: MIAMI BEACH FL 33139

*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:** DAVID WEXLER

MGRM

04/26/2017

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

\_\_\_\_\_  
Date