

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000033741

Entity Name: DCW SUMMERFIELD, LLC

Current Principal Place of Business:

1551 ATLANTIC BLVD.
SUITE 300
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 47050
JACKSONVILLE, FL 32247-7050 US

FEI Number: 46-2747873

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMETREE, J.C. JR.
1551 ATLANTIC BLVD.
SUITE 300
JACKSONVILLE, FL 32207 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 MPT
Name DEMETREE, J. C JR.
Address P.O. BOX 47050
City-State-Zip: JACKSONVILLE FL 32247-7050

Title VPSAT
Name DEMETREE, MARK C
Address P.O. BOX 47050
City-State-Zip: JACKSONVILLE FL 32247-7050

Title VPAS
Name DEMETREE, CHRISTOPHER C
Address P.O. BOX 47050
City-State-Zip: JACKSONVILLE FL 32247-7050

Title VPAS
Name DUNN, M. HARRIS
Address P.O. BOX 47050
City-State-Zip: JACKSONVILLE FL 32247-7050

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: DEMETREE, J.C., JR.

MPT

04/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date