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: ROBERT M. PICERNE

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Current Principal Place of Business:

247 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

247 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 35-2572024

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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	MANAGER	Title	EXECUTIVE VICE PRESIDENT
Name	DRPRMP MANAGER, LLC	Name	HALEY, RICHARD
Address	247 N. WESTMONTE DR	Address	247 N. WESTMONTE DR
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	EXECUTIVE VICE PRESIDENT	Title	PRESIDENT
Title Name	EXECUTIVE VICE PRESIDENT WERNECKE, EDWARD	Title Name	PRESIDENT PICERNE, ROBERT M.
Name	WERNECKE, EDWARD	Name	PICERNE, ROBERT M.

PRESIDENT

04/10/2019

FILED Apr 10, 2019 Secretary of State 4981490136CC

Date

Certificate of Status Desired: No

Date