

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000229682

**Entity Name:** D WEST ENTERPRISES, LLC

**Current Principal Place of Business:**

8160 SARCEE TRL  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

8160 SARCEE TRL  
JACKSONVILLE, FL 32244

**FEI Number:** 81-4625853

**Certificate of Status Desired:** No

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

WEST, DONNA  
8160 SARCEE TRL  
JACKSONVILLE, FL 32244 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            WEST, DONNA  
Address        8160 SARCEE TRL  
City-State-Zip: JACKSONVILLE FL 32244

Title            MGR  
Name            WEST, DAVID  
Address        8160 SARCEE TRL  
City-State-Zip: JACKSONVILLE FL 32244

*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:** DONNA WEST

**MGR**

**04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date