#### 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 WEST

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR	Title	MGR
Name	REUTER, DEVON ALLEN	Name	WEST, DAVID
Address	6960 HUNTINGTON WOODS CIRCLE E	Address	8160 SARCEE TRL
		City State Zin:	

Electronic Signature of Registered Agent Authorized Person(s) Detail :

# City-State-Zip: JACKSONVILLE FL 32244

#### 2021 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

### Name and Address of Current Registered Agent:

WEST, DONNA 8160 SARCEE TRL JACKSONVILLE, FL 32244 US

SIGNATURE:

## 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.

City-State-Zip: JACKSONVILLE FL 32244

Certificate of Status Desired: No

01/11/2021 Date

Date

#### FILED Jan 11, 2021 Secretary of State 8824009416CC

MANAGER