

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90022 043 ****50.00

DOCUMENT # L000000008007

1. Entity Name

DVR of Southwest Florida, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles C. Ashby

Street Address (P.O. Box Number is Not Acceptable)

13131 University Dr

City

Ft Myers

FL

Zip Code

33907

**DO NOT WRITE
IN THIS SPACE**

8. 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

Charles C. Ashby

3/25/02

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
STEVE CUNNINGHAM
13131 UNIVERSITY DR
FT MYERS FL 33907 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER/MGR ☒ Change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CHARLES C. ASHBY
13131 UNIVERSITY DR
FT MYERS FL 33907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER/MGR ☒ Change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CAROL S. WEAVER
13131 UNIVERSITY DR
FT MYERS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DEZORT, CAROLS.
13131 UNIVERSITY DR
FT MYERS FL 33907 ☒ Add

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Carol S. Dezort

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/25/02

DATE

DAYTIME PHONE #

2394891100x207

CR2E083B (12/01)