2001	UNI	FORM BUS	INESS REPO	RT	UBR	<u>) </u>						
DOCUMENT # L0000008936 1. Enlity Name D.T. L.C.						0		FILED CT - I PM 12:	. 17			
Principal Place of Business Mailing Address												
6118 RIVERVIEW BLVD. BRADENTON FL 34209			6118 RIVERVIEW BLVD. BRADENTON FL 34209		Ţ,	ALLAI	TARY OF STAT Hassee, Flori	DA	O) 121/0 16100 ()	14 0 1 511 481 4		
2. Principal Place of Business 3			2 Mailing Address	3. Mailing Address							\	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_		DO NOT WE	RITE IN THIS SP	ACE /		
			City & State		ļ —	4.	. FEI Nu	mber			lied For Applicable	
City & State					-	5.	 Certific	cate of Status Desired		5.00 Addit		
Zip		Country	Zip	Cou		7.	Name	and Address of New		<u>-</u>		1
	and Address of Current	Name										
GALVANO, WILLIAM S 1023 MANATEE AVENUE WEST BRADENTON FL 34205					Street Ad	ldress (P.O	. Box Nu	mber is Not Acceptat	ole) 			
DIV	ADEMION	FL 34203			City				FL	Zip Code		
8. The above	named entity	submits this statement for	r the purpose of changing its	register		registered a	agent, o	r both, in the State of	Florida.			
						re required whe	ın reinstatin	g)	DATE			
SIGNATURE _	Signature, typed	or printed name of registered agent a		E: Register	EE IS \$							
			Make Check Pa	yable	ber 26,	nent of Si 2001	tate					
			Due By	/ Septe				ADDITION	IS/CHANGES] _
9.					=					☐ Change	☐ Addition	(1)
NAME STREET ADDRESS CITY-ST-ZIP	MCCAR 6118 RI	THY VILLAS, INC. VERVIEW BLVD.	☐ Delete ·	TITI NAM STR CITY	ADDRESS					Change	☐ Addition	00000
TITLE NAME	BRADE	ITON FL 34209	☐ Delete	TITE						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STR CITY	T-ZIP " 🚣					☐ Change	Addition	1
TITLE NAME STREET ADDRESS			☐ Delete	TITL NAM STR	ADDRESS	Norm * 1 - Jegit		900 <u>0</u> 0	04622 1/03/01-	01060	9——2 -017 *50.00	2
CITY-ST-ZIP TITLE NAME			☐ Delete	TITL	•		٠		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			-	STR	ST-ZIP					☐ Change	Addition	
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CITY-ST-ZIP TITLE	_ ,_		Delete	TITL	ł					☐ Change	Addition	'- -
NAME STREET ADDRESS	1	<u> </u>		-NAN STR	T ADDRESS ST-ZIP	 	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · ·			-
offy-st-zip ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am a managing member or manager of the equired to chapter 608, Florida Statutes. If urther certify that the information supplied with this filling does not qualify for the exemple indicated on this report is true and accurate and that my signature shall have the same limited liability company or the receiver or trustee empowered to execute this report.												
SIGNATURE: Date Dayling Prior & SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, KANAGER, C												<u>}</u>