

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90575 001 ****50.00

DOCUMENT # L01000019027

1. Entity Name
DRW INVESTMENTS, LLC



Principal Place of Business

**410 SE 2ND AVENUE
OKEECHOBEE FL 34972**

Mailing Address

**410 SE 2ND AVENUE
OKEECHOBEE FL 34972**

2. Principal Place of Business

410 SE 2nd Avenue

3. Mailing Address

410 SE 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Okeechobee, FL
Zip 34974
Country USA**

City & State

**Okeechobee, FL
Zip 34974
Country USA**

4. FEI Number **65-1149923**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLSON, D. ROBERT
410 SE 2ND AVENUE
OKEECHOBEE FL 34972**

Name

Willson, D. Robert

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

410 SE 2nd Avenue

City

Okeechobee,

FL

Zip Code

34974

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **WELLSON, ROBERT D**
STREET ADDRESS **410 SE 2ND AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Willson, D. Robert**
STREET ADDRESS **410 SE 2nd Avenue**
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

D. Robert Willson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/9/03 863-763-0999

CR2E083 (10/02)