

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000031800

1. Entity Name
DAW OF FLORIDA, LLC



Principal Place of Business

915 OAK HARBOUR DR.
UNIT 915
JUNO BEACH, FL 33408

Mailing Address

55 WEST DELAWARE PLACE
UNIT 207
CHICAGO, IL 60610 US



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1642007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WALSH, DEBORAH A
30 GRAND BAY CIRCLE
JUNO BEACH, FL 33408

**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. 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 \$138.75
After May 1, 2008 Fee will be \$538.75

U00000777449
01/10/08-80008-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WALSH, DEBORAH A
STREET ADDRESS	55 WEST DELAWARE PLACE UNIT 207
CITY-ST-ZIP	CHICAGO, IL 60610

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date

Daytime Phone #

DEBORAH A. WALSH

1/4/08 208-912-1323