

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90057 005 ****50.00

DOCUMENT # L02000031800

1. Entity Name

DAW OF FLORIDA, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

915 Oak Harbour Dr.

3. Mailing Address

4843 Johnson Ave.

Suite, Apt. #, etc.

Unit 915

Suite, Apt. #, etc.

City & State

Juno Beach, FL

City & State

Western Springs, IL

Zip

33408

Country

USA

Zip

60558

Country

USA

4. FEI Number

16-1642007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Deborah A. Walsh

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

30 Grand Bay Circle

City

Juno Beach

FL

Zip Code

33408

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Deborah A. Walsh
4843 Johnson Ave.
Western Springs, IL 60558

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Deborah A. Walsh Deborah A Walsh 2/19/03 708 246 8984

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

Date

Daytime Phone #

CR2E083B (12/02)