

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000002100

1. Entity Name
DSWYE LLC



Principal Place of Business
565 EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

Mailing Address
565 EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE



04272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0668845

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASI, EDWARD
565 EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MASI, EDWARD
STREET ADDRESS 565 E. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000559221
05/17/06-80127-015 50.00

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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: Edmund Masi

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

04-28-06

Date

Daytime Phone #