



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State



01-17-2008 90057 050 ***138.75



| | |
|---|---|
|  04000043882 <input checked="" type="checkbox"/> Entity Name D. W. ENTERPRISES, LLC |  |
|---|---|



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|---|---|
| Principal Place of Business 8740 NW 17 MANOR CORAL SPRINGS, FL 33071 US | Mailing Address 8740 NW 17 MANOR CORAL SPRINGS, FL 33071 US |
|---|---|

60002175



01102008  

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|---|--|
|  | |
| <input checked="" type="checkbox"/> FEI Number 86-1109058 | Applied For Not Applicable |
| <input checked="" type="checkbox"/> Certificate of Status Desired | <input type="checkbox"/>  |

| | |
|---|--|
| <input checked="" type="checkbox"/>  |  |
| DORINSKI, DALE W 8740 NW 17 MANOR CORAL SPRINGS, FL 33071 | |

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.


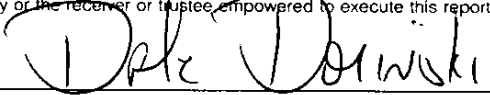
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DALE W. DORINSKI FAMILY TRUST 8740 NW 17 MANOR CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARBARA A. DORINSKI FAMILY TRUST 8740 NW 17 MANOR CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STAHL, MICHAEL 19333 COLLINS AVE, APT 1506 SUNNY ISLES BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STAHL, LINDA 19333 COLLINS AVE, APT 1506 SUNNY ISLES BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |



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.



 1-807 954 7533788
 Date _____ Daytime Phone # _____