

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000085813

1. Entity Name
DWD OF FLORIDA, LLC



Principal Place of Business
4129 BAYPOINT
C-129 HARBOR VILLA
PANAMA CITY, FL 32411

Mailing Address
PO BOX 28194
PANAMA CITY, FL 32411



04242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2074229

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN, DONNIE W
4129 BAYPOINT
C-129 HARBOR VILLA
PANAMA CITY, FL 32411

**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

000000927156
05/20/09-80095-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEAN, DONNIE W
STREET ADDRESS	4129 BAYPOINT, C-129 HARBOR VILLA
CITY-ST-ZIP	PANAMA CITY, FL 32411

TITLE	
NAME	
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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: *Donnie W. Dean*

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

4-24-2008

Date

Daytime Phone #