

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000036684

Entity Name: DRTWRX, LLC

FILED
Jun 24, 2008
Secretary of State

Current Principal Place of Business:

11651 SW 24TH STREET
DAVIE, FL 33325 US

New Principal Place of Business:

4605 SW 75TH WAY
DAVIE, FL 33314 US

Current Mailing Address:

11651 SW 24TH STREET
DAVIE, FL 33325 US

New Mailing Address:

PO BOX 550633
DAVIE, FL 33355 US

FEI Number: 26-2863960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLAIR, GREGORY M
11651 SW 24TH STREET
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

BLAIR, GREGORY M
4605 SW 75TH WAY
DAVIE, FL 33314 US

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.

SIGNATURE: GREGORY M BLAIR

06/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLAIR, GREGORY M
Address: 11651 SW 24TH STREET
City-St-Zip: DAVIE, FL 33325 US

Title: MGR (X) Delete
Name: BLAIR, TINA B
Address: 11651 SW 24TH STREET
City-St-Zip: DAVIE, FL 33325 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLAIR, GREGORY M
Address: PO BOX 550633
City-St-Zip: DAVIE, FL 33355 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY M BLAIR

MGRM

06/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date