

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045627

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: DTW PRESS LLC

**Current Principal Place of Business:**

1158 COUNTY ROAD #305  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

1158 COUNTY ROAD #305  
BUNNELL, FL 32110

**New Mailing Address:**

FEI Number: 55-0898410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TROTТА, ANNA M  
1158 COUNTY ROAD #305  
BUNNELL, FL 32110 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TROTТА, ANNA M  
Address: 1158 COUNTY ROAD 305  
City-St-Zip: BUNNELL, FL 32110

Title: MGRM ( ) Delete  
Name: TROTТА, JAMES  
Address: 1158 COUNTY ROAD 305  
City-St-Zip: BUNNELL, FL 32110

Title: MGRM ( ) Delete  
Name: PLASTINA, ELIZABETH  
Address: 493 EAST MAIN STREET  
City-St-Zip: SOMERVILLE, NJ 08876

**ADDITIONS/CHANGES:**

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

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

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: ANNA M. TROTТА

MGRM

04/30/2009

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