

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000113986

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** DA WORD LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

15720 LAKELAND CIRCLE  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

**Current Mailing Address:**

15720 LAKELAND CIRCLE  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

**FEI Number:** 20-3786436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REEGLER, SARI LYNN  
1521 SOUTH TAMiami TRAIL, SUITE 304  
REEGLER & TORNESE, P.A.  
VENICE, FL 32485 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  
Name: SWENSON, SHERRI A  
Address: 15720 LAKELAND CIR  
City-St-Zip: PORT CHARLOTTE, FL 33981

I hereby 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: SHERRI SWENSON

MGRM

01/11/2011

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