

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033708

Entity Name: D & W, L.L.C.

FILED
Feb 27, 2008
Secretary of State

Current Principal Place of Business:

322 GUNNERY RD
B
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

322 GUNNERY RD
B
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 20-4602581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERITAGE TAX & CONSULTING SERVICES INC
11220 METRO PARKWAY
3
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

DELACRUZ, GUADALUPE
12341 VILLAGIO WAY
FORT MYERS, FL 33912 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: GUADALUPE DELACRUZ

02/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DELACRUZ, GUADALUPE
Address: 322 GUNNERY RD #B
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM () Delete
Name: WILLIAMS, ALAN
Address: 322 GUNNERY RD #B
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM () Delete
Name: DELACRUZ, MELISSA M
Address: 322 GUNNERY ROAD #B
City-St-Zip: LEHIGH ACRES, FL 33971

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: MELISSA DELACRUZ

MGRM

02/27/2008

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