

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000033708

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

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

322 GUNNERY RD  
SUITE C  
LEHIGH ACRES, FL 33973

**New Principal Place of Business:**

P.O BOX 816  
LEHIGH ACRES, FL 33970

**Current Mailing Address:**

322 GUNNERY RD  
SUITE C  
LEHIGH ACRES, FL 33973

**New Mailing Address:**

P.O BOX 816  
LEHIGH ACRES, FL 33970

FEI Number: 20-4602581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

DELACRUZ, GUADALUPE  
P.O BOX 579  
LEHIGH ACRES, FL 33970 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

02/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DELACRUZ, GUADALUPE  
Address: P.O BOX 579  
City-St-Zip: LEHIGH ACRES, FL 33970

Title: MGRM  
Name: DELACRUZ, MELISSA M  
Address: P.O BOX 579  
City-St-Zip: LEHIGH ACRES, FL 33970

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: GUADALUPE DELACRUZ

MGRM

02/15/2012

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