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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
30B0E01:	imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Jerry Collier (Name of Person)	
(Firm/Company) 691 Manchester Ave. (Address)	07 JAN -2 SECRETARY TALLAHASSE
(Address)  Deltona, FL 3272  (City/State and Zip Code)	S S
For further information concerning this matter	r, please call:
David Collier (Name of Person)	at (407) 782-6410 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agem, or both, in the state of Florida.	MUC IIC
1. The name of the limited liability company is:	DWC LLC
2. The mailing address of the limited liability comp	Dany is: 2290 S. Volusia Ave H2
Orange City, FL 3276	3
July 27, 2006	L06000074594
3. Date of filing/registration in Florida	4. Document number
6. The name and address of the new registered agent Jerry W. Colonia Street address (Florida street ad	ame  A Ave., H2  Idress  ALL 32763  Ate and Zip  Att and/or office:  The Ave.  P.O. Box NOT acceptable)  The Ave.
(Signature of a member of authorized representative of a member)  (Printed or typed name of signee)	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.  It and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in the interest of the proper and complete performance of my duties, and to merely reflect a change in the registered office company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)