

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000083528

Entity Name: DWB PROPERTIES LLC

FILED
Sep 27, 2007
Secretary of State

Current Principal Place of Business:

4026 S. CARLISLE RD.
LAKELAND, FL 33813 US

New Principal Place of Business:

500 NW 1ST AVE
MULBERRY, FL 33860 US

Current Mailing Address:

4026 S. CARLISLE RD.
LAKELAND, FL 33813 US

New Mailing Address:

500 NW1ST AVE
MULBERRY, FL 33860 US

FEI Number: 20-5434270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOD, DERRELL
4026 S. CARLISLE RD.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

WOOD, DERRELL
500 NW 1ST AVE
MULBERRY, FL 33860 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: DERRELL WOOD

09/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: WOOD, DERRELL D
Address: 500 NW 1ST AVE
City-St-Zip: MULBERRY, FL 33860 US

Title: MISS () Change (X) Addition
Name: SULLIVAN, MELANIE P
Address: 500 NW 1ST AVE
City-St-Zip: MULBERRY, FL 33860 US

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: DERRELL WOOD

MR

09/27/2007

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