

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127044

Entity Name: DP TOWING LLC

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

6333 PARADISE COVE  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

3700 GEORGIA AVE  
SUITE 22  
WEST PALM BEACH, FL 33405

## Current Mailing Address:

6333 PARADISE COVE  
WEST PALM BEACH, FL 33411

## New Mailing Address:

3700 GEORGIA AVE  
SUITE 22  
WEST PALM BEACH, FL 33405

FEI Number: 26-1487043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOSEPH, DANIEL  
10454 GALLERIA STREET  
WEST PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

SALGADO TAX  
721 BELVEDERE RD  
WEST PALM BEACH, FL 33405 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: SALGADO TAX

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DUPRAT, EVRAIS  
Address: 6333 PARADISE COVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM ( ) Delete  
Name: DUPRAT, ANNE MARIE  
Address: 6333 PARADISE COVE  
City-St-Zip: WEST PALM BEACH, FL 33411

## ADDITIONS/CHANGES:

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: EVRAIS DUPRAT

MGR

04/28/2008

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