

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029412

Entity Name: DCWW SULLIVAN, LLC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

4197 SKATES CIR
FT MYERS, FL 33905

New Principal Place of Business:

13474 PALM BEACH BLVD.
FT MYERS, FL 33905

Current Mailing Address:

4197 SKATES CIR
FT MYERS, FL 33905

New Mailing Address:

13950 RIVER RD.
FT MYERS, FL 33905

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, DENISE
4197 SKATES CIR
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

SULLIVAN, DENISE
13950 RIVER RD.
FT MYERS, FL 33905 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: DENISE M SULLIVAN

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SULLIVAN, VIRGIL
Address: 4197 SKATES CIR
City-St-Zip: FT MYERS, FL 33905

Title: MGR () Delete
Name: SULLIVAN, DENISE
Address: 4197 SKATES CIR
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SULLIVAN, VIRGIL
Address: 13950 RIVER RD.
City-St-Zip: FT MYERS, FL 33905

Title: MGR (X) Change () Addition
Name: SULLIVAN, DENISE
Address: 13950 RIVER RD
City-St-Zip: FT MYERS, FL 33905

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: VIRGIL R SULLIVAN

MNG

01/07/2009

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