

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000053441

Entity Name: D.R. WEXINGTON LLC

**FILED**  
**Jul 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9601 COLLINS AVE., APT. 604  
MIAMI BEACH, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID WEXLER  
9601 COLLINS AVENUE, APT. 604  
MIAMI BEACH, FL 33154

**New Mailing Address:**

FEI Number: 27-2609133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEXLER, DAVID  
9601 COLLINS AVE., APT. 604  
MIAMI BEACH, FL 33154 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WEXINGTON ASSOCIATES LLC  
Address: 9601 COLLINS AVE., APT. 604  
City-St-Zip: MIAMI BEACH, FL 33154

Title: MGRM  
Name: WEXLER, ROBERT J TRUSTEE  
Address: 300 SOUTH POINTE DRIVE, APT. 4204  
City-St-Zip: MIAMI BEACH, FL 33139

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: DAVID WEXLER

MGRM

07/11/2011

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