

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000075525

Entity Name: DFCW, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6700 WINKLER RD. #3  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 07034  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 13-4081391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, ROBERT E  
8829 NEW CASTLE DRIVE  
FORT MYERS, FL 33908 US

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

DAVIS, ROBERT E III  
8829 NEW CASTLE DRIVE  
FORT MYERS, FL 33908 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: ROB DAVIS

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DAVIS, ROB  
Address: P.O. BOX 07034  
City-St-Zip: FORT MYERS, FL 33919 US

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: ROB DAVIS

MGRM

04/29/2011

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