## MD90000002690

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS

OCT 1 9 2012

EXAMINER

## **COVER LETTER**

10:	Division of Corporations							
SUВЛ	ECT:	DRE	CO I	INVES	STHEN	75,	46	
Name of Foreign Limited Liability Company								
Dear S	Sir or Mad	lam:						
	closed Atging Mem						any to	Change Manager(s) or
Please	return all	correspo	ndence o	concernin	g this ma	itter to	the foll	owing:
	WAL	<i>DO</i> 0	SARC	LA_			_	
		Na	me of Po	erson				
D	RECO	INVE	ESTME	ENTS,	LIC	•		
<u> </u>		Fir	m/Comp	pany			<del></del>	
,	PO E	BOX 1	1308					
			Addres	s		-	<del>-</del>	
ı	ESTEX	20	FL	339	28		_	
		City/S	State and	Zip Cod	e		_	
E-mail address (to be used for future annual report notification)								
E-	-mail add	ress:/(to l	e used f	or future	annual re	eport no	otificati	on)
For fur	rther infor	rmation c	oncernin	g this ma	itter, plea	se call:		
,	WAZI)	0 G	ARC)	<del>A</del> at (	239	40	5-2	295
	Nam	e of Perso	on	(_	Area Coc	le and l	Daytim	295 e Telephone Number
	Registrati Division Clifton B 2661 Exe	C/COURING Section Section of Corpora uilding secutive Center, Florida	n ations nter Circl			Registr Division P.O. B	ration Son of Co ox 6327	prporations
	sed is a ch iling Fee		t <b>he follo</b> \$30 Filing tificate of	Fee &		00 Filing d Copy	Fee &	\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E123(8/07)

SECRETARY OF STATE DIVISION OF CORPORATIONS
2012 OCT 18 PM 12: 53

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compand Department of State is: DRECO 1	y as it appears on the records of the Florida WUESTHEWTS, CLC					
2. This entity was formed under the laws of	E STATE OF DEZAWARE.					
3. This entity was authorized to transact buand its Florida document/registration number	siness in Florida on 07-13-09					
4. The name and address of each manager or managing member is as follows:						
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:					
MGRM	WALDO GARCIA					
	PO BOX 1308 ESIERO, FL 33928					
MGRM	ANDRES QUIROS PO BOX 1308					
	ESTERO, FL 33928					
<del></del>						
Required Signature:  Signature of Manager,	Managing Member or Member					
Filing Fee: \$25						