

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000175694

**Entity Name:** DFM PALMETTO, LLC

**Current Principal Place of Business:**

7425 16TH STREET EAST  
SUITE 101  
SARASOTA, FL 34243

**Current Mailing Address:**

7425 16TH STREET EAST  
SUITE101  
SARASOTA, FL 34243 US

**FEI Number:** 82-2532871

**Certificate of Status Desired:** No

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

CHAPMAN, KENNETH D JR  
2750 RINGLING BLVD  
SUITE 3  
SARASOTA, FL 34237 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MEMBER MANAGER  
Name DETWILER, HENRY L  
Address 7425 16TH STREET EAST  
SUITE 101  
City-State-Zip: SARASOTA FL 34243

Title MEMBER MANAGER  
Name DETWILER, SAMUEL P  
Address 7425 16TH STREET EAST  
SUITE 101  
City-State-Zip: SARASOTA FL 34243

Title MEMBER MANAGER  
Name DETWILER, HENRY J  
Address 7425 16TH STREET EAST  
SUITE 101  
City-State-Zip: SARASOTA FL 34243

Title MEMBER MANAGER  
Name DETWILER, CALEB  
Address 7425 16TH STREET EAST  
SUITE 101  
City-State-Zip: SARASOTA FL 34243

Title MANAGER  
Name SCHLABACH, STEVE  
Address 7425 16TH STREET EAST  
SUITE 101  
City-State-Zip: SARASOTA FL 34243

Title MEMBER MANAGER  
Name DETWILER, JOSH  
Address 7425 16TH STREET EAST  
SUITE 101  
City-State-Zip: SARASOTA FL 34243

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE SCHLABACH

**MANAGER**

**01/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date