

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072756

Entity Name: DSW TECHNOLOGIES LLC

FILED  
Apr 08, 2009  
Secretary of State

## Current Principal Place of Business:

4718 MILLPOND LANE  
TAMPA, FL 33624

## New Principal Place of Business:

## Current Mailing Address:

4718 MILLPOND LANE  
TAMPA, FL 33624

## New Mailing Address:

PO BOX 304603  
TAMPA, FL 33694

FEI Number: 26-3063855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DYSINGER, DAVID R  
4808 HAYRIDE COURT  
TAMPA, FL 33624 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: MGR ( ) Delete  
Name: WILLIAM, LA CRUZ A  
Address: 4718 MILLPOND LN.  
City-St-Zip: TAMPA, FL 33624

Title: MGR ( ) Delete  
Name: SCOTT, BENNINGHOFF B  
Address: 10524 WEYBRIDGE DR.  
City-St-Zip: TAMPA, FL 33626

Title: MGR ( ) Delete  
Name: DAVID, DYSINGER R  
Address: 4808 HAYRIDE CT.  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM A. LA CRUZ

MR.

04/08/2009

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