

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076957

Entity Name: DSC PARTNERS, LLC**Current Principal Place of Business:**6949 MOBILE HIGHWAY
PENSACOLA, FL 32526**Current Mailing Address:**P.O. BOX 37159
PENSACOLA, FL 32526**FEI Number:** 20-5489905**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARKE, JAMIE D
6949 MOBILE HIGHWAY
PENSACOLA, FL 32526 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	MGR
Name	WHITE, JAMES HSR.
Address	3411 PINE FOREST RD.
City-State-Zip:	CANTONMENT FL 32533

Title	MGR
Name	CLARKE, JAMIE D
Address	P.O. BOX 37043
City-State-Zip:	PENSACOLA FL 32526

Title	MGR
Name	WHITE, JAMES HJR.
Address	P.O. BOX 37159
City-State-Zip:	PENSACOLA FL 32526

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: JAMIE D CLARKE

PARTNER

03/25/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date