

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104041

**Entity Name:** DKJS LLC

**Current Principal Place of Business:**

14851 STATE ROAD 52  
SUITE 107  
NEW PORT RICHEY, FL 34669

**Current Mailing Address:**

14851 STATE ROAD 52  
SUITE 107  
NEW PORT RICHEY, FL 34669 US

**FEI Number:** 45-3229306

**Certificate of Status Desired:** No

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

MUSCA, DANIEL GESQ.  
13139 WEST LINEBAUGH AVENUE,  
SUITE 101  
TAMPA, FL 33626 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            CRAWFORD, DAN C  
Address        14851 STATE ROAD 52  
                  SUITE 107  
City-State-Zip: NEW PORT RICHEY FL 34669

Title            MGR  
Name            CRAWFORD, KAREN M  
Address        14851 STATE ROAD 52  
                  SUITE 107  
City-State-Zip: NEW PORT RICHEY FL 34669

*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:** DANIEL C CRAWFORD

**MANAGING PARTNER**

**02/23/2015**

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

\_\_\_\_\_  
Date