

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000130649

**Entity Name:** DSCS CONSULTING, LLC

**Current Principal Place of Business:**

950 MARINA DEL RAY LANE  
UNIT 5  
WEST PLAM BEACH, FL 33401

**Current Mailing Address:**

950 MARINA DEL RAY LANE  
UNIT 5  
WEST PLAM BEACH, FL 33401

**FEI Number:** 46-3672248

**Certificate of Status Desired:** No

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

HENDERSON, CAREN  
950 MARINA DEL RAY LANE  
5  
WEST PALM BEACH, FL 33401 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 HENDERSON, CAREN  
Address 950 MARINA DEL RAY LANE, UNIT 5  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name HENDERSON-CAIN, MONICA  
Address 231 LYMAN PLACE  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** CAREN HENDERSON

**OWNER**

**05/01/2014**

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

\_\_\_\_\_  
Date