

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000136982

Entity Name: DLS, LLC

Current Principal Place of Business:

12840 UNIVERSITY DR.
FT. MYERS, FL 33907

Current Mailing Address:

P.O. BOX 07367
FT. MYERS, FL 33919

FEI Number: 46-3936125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROGAN, ROKKI
11117 HARBOR ESTATES
FT. MYERS, FL 33908 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	MGRM	Title	MGRM
Name	SHINABERRY, DENNIS	Name	SHINABERRY, LYNDA
Address	11117 HARBOR ESTATES	Address	11117 HARBOR ESTATES
City-State-Zip:	FT. MYERS FL 33908	City-State-Zip:	FT. MYERS FL 33908

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: SHINABERRY , DENNIS

MGRM

02/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date