

**2014 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:** DENNIS SHINABERRY

MGRM

03/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date