

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000061994

Entity Name: LSU DDS, LLC

Current Principal Place of Business:

157 ANCHOR RODE CIRCLE
SANTA ROSA, FL 32459

Current Mailing Address:

3308 GENTRY DR.
AUSTIN, TX 78746

FEI Number: 46-5407187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOPPE, LINDSEY
157 ANCHOR RODE CIRCLE
SANTA ROSA, FL 32459 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 HORNE, MATTHEW W
Address 3308 GENTRY DR.
City-State-Zip: AUSTIN TX 78746

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: MATTHEW W. HORNE

MANAGER

02/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date