

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000061994

**Entity Name:** LSU DDS, LLC

**Current Principal Place of Business:**

790 N. CO HWY 393 #3B  
SANTA ROSA BEACH, 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:**

360 BLUE PROPERTIES  
790 N. CO HWY 393 #3B  
SANTA ROSA BEACH, 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:** HANNAH ROWLAND, AUTHORIZED REPRESENTATIVE

01/06/2023

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

01/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date