

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000287276

**Entity Name:** DS SIDING LLC

**Current Principal Place of Business:**

11001 OLD ST AUGUSTINE RD  
619  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

7643 GATE PARKWAY  
104#9  
JACKSONVILLE, FL 32256

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RODRIGUES, MARYCELLY L  
11001 OLD ST AUGUSTINE RD  
619  
JACKSONVILLE, FL 32257 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            AMBR  
Name            RODRIGUES, MARYCELLY L  
Address        11001 OLD ST AUGUSTINE RD  
City-State-Zip: JACKSONVILLE FL 32257

*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:** MARYCELLY LEITE RODRIGUES

06/13/2020

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

\_\_\_\_\_  
Date