

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90108 012 ****50.00

DOCUMENT # L00000011279

1. Entity Name

DSB, L.L.C.



Principal Place of Business

% CHARLES A. DONOHUE
1 DELAWARE DRIVE
SALEM NH 03079

Mailing Address

PO BOX 1016
SALEM NH 03079

2. Principal Place of Business

1 Delaware Drive

3. Mailing Address

PO Box 1016



1st MOORE

CR2E083 (10/04)

City & State

Salem, NH

City & State

Salem, NH

4. FEI Number

58-2571749

Applied For

Not Applicable

Zip

03079

Country

Richman

Zip

03079

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, STEPHEN W ESQ.
1205 MANATEE AVE., W.
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GIONFFI, THOMAS A	
STREET ADDRESS	PO BOX 1016	
CITY-ST-ZIP	SALEM NH 03079	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DONAHUE, CHARLES	
STREET ADDRESS	PO BOX 1016	
CITY-ST-ZIP	SALEM NH 03079	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	PANTALEO, MICHAEL	
STREET ADDRESS	PO BOX 1016	
CITY-ST-ZIP	SALEM NH 03079	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-1-05 603 894-4444