

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000013788

1. Entity Name  
DBS INVESTMENTS, L.L.C.



Principal Place of Business  
215 CARLTON ST.  
WAUCHULA, FL 33873

Mailing Address  
P.O. BOX 586  
WAUCHULA, FL 33873



05032004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1052886

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DE BOOM, JAN L  
1702 DENA CIRCLE  
WAUCHULA, FL 33873

**DO NOT WRITE  
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DE BOOM, JAN L
STREET ADDRESS	1702 DENA CIR.
CITY-STATE-ZIP	WAUCHULA, FL 33873
TITLE	MGR
NAME	BOBE, MAGALI
STREET ADDRESS	1306 CITRUS ST.
CITY-STATE-ZIP	WAUCHULA, FL 33873
TITLE	MGR
NAME	BOBE, GUILLERMO
STREET ADDRESS	1306 CITRUS ST.
CITY-STATE-ZIP	WAUCHULA, FL 33873
TITLE	MGR
NAME	STUART, LORI
STREET ADDRESS	3241 N.E. MCINTYRE ST.
CITY-STATE-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #