

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 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**

DO NOT WRITE IN THIS SPACE



02182005No Chg-LLC

CR2E083 (10/03)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DE BOOM, JAN L
1702 DENA CIR.
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BOBE, MAGALI
1306 CITRUS ST.
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BOBE, GUILLERMO
1306 CITRUS ST.
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
STUART, LORI
3241 N.E. MCINTYRE ST.
ARCADIA, FL 34266**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000356074
05/04/05-80021-011 50.00

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

Date

Daytime Phone #

4-29-05