

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 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



05012008No Chg-LLC

CR2E083 (12/07)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

U00000947036
05/30/08-80073-008 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Lori Stuart

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

Date

Daytime Phone #

4-30-08

863-767-0888