

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90417 008 ****50.00

DOCUMENT # L00000013883

1. Entity Name

D.R.S., LLC

DO NOT WRITE IN THIS SPACE

968606

2. Principal Place of Business

7751 BAYSHORE ROAD

3. Mailing Address

7751 BAYSHORE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH FORT MYERS, FL

City & State

NORTH FORT MYERS, FL

4. FEI Number

65-1052129

Applied For

Not Applicable

Zip

33917

Country

USA

Zip

33917

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DUANE R. SWANSON, SR.

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

7751 BAYSHORE ROAD

City

NORTH FORT MYERS

FL

Zip Code
33917

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DUANE R. SWANSON, SR. MGR 7751 BAYSHORE ROAD NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 #

CR2E083B (12/01)