

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90144 045 \*\*\*\*50.00

**DOCUMENT # L00000013883**

1. Entity Name  
**D.R.S., LLC**



Principal Place of Business  
**7751 BAYSHORE RD.  
NORTH FT. MYERS FL 33917**

Mailing Address  
**7751 BAYSHORE RD.  
NORTH FT. MYERS FL 33917**



**MOORE CR2E083 (4/04)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-1052129**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWANSON, DUANE R  
7751 BAYSHORE RD.  
NORTH FT. MYERS FL 33917**

Name

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 8, 2004**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SWANSON, DUANE  
7751 BAYSHORE RD  
N FORT MYERS FL 33917** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:

*Duane Swanson*

*7/26/04*

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

Date

Daytime Phone #