

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L01000009654**

1. Entity Name  
DTS, L.L.C.



Principal Place of Business  
430 ADMIRAL COURT  
DESTIN, FL 32541

Mailing Address  
430 ADMIRAL COURT  
DESTIN, FL 32541



01072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-3725018

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

HELMICH, KEVIN M  
4481 LEGENDARY DRIVE SUITE 200  
DESTIN, FL 32541

**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 MGR  
NAME SATTERFIELD, DAVID T  
STREET ADDRESS 430 ADMIRAL COURT  
CITY-ST-ZIP DESTIN, FL 32541

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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04/14/05-90089-025 50.00

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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)(f), 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:** *David T. Satterfield*

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

*4-12-05*

Date

*850-654-9568*

Daytime Phone #