## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L01000020098

1. Entity Name

## DLS LIMITED LIABILITY COMPANY



**FILED** Apr 30, 2003 8:00 am Secretary of State
04-30-2003 90178 042 \*\*\*\* 50.00

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Name		6. Name and Address of Current	Registered Agent:	itered Agent:			7. Name and Address of New Registered Agent				
19438 NE 26TH AVENUE UNIT 84 MAMI FL 33180  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  TOTAL PRIVATE THE PRIVATE THE PRIVATE AGENCY OF THE					Name			·			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu	MAIM	MI FL 33180		•	City				T Zin Cod		
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Signature, hyperd or printed rame of registence Agent agents are displayed. Part registent registeration registera											
MAKE Check Payable to Fiorida Department of State Due By May 1, 2003    MANAGING MEMBERS / MANAGERS   10.	SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstating)		DATE			
MAKE Check Payable to Fiorida Department of State Due By May 1, 2003    MANAGING MEMBERS / MANAGERS   10.			FILE NO		FEE IS \$50.0	0					
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		ertify that the information eupplied with	this filing does not qualify for			Section 119 07/3/6)	Florida Statutos I	further cost	firthat the i	nformation	

indicated on this report is true and accurate and their 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.

305-933-6377