

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003609

Entity Name: D S & C, L.L.C.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

47 S.W. 17TH STREET
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

47 S.W. 17TH STREET
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 01-0612602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAPES, SCOTT
475 SW 17TH ST
OCALA, FL 34475 US

Name and Address of New Registered Agent:

MAPES, SCOTT
47 SW 17TH ST
OCALA, FL 34471 US

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:

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CURRY, D. CRAIG
Address: 47 S.W. 17TH STREET
City-St-Zip: Ocala, FL 34471 US

Title: MGRM () Delete
Name: WEAVER, DOUG E
Address: 47 S.W. 17TH STREET
City-St-Zip: Ocala, FL 34471 US

Title: MGRM () Delete
Name: MAPES, SCOTT
Address: 47 S.W. 17TH STREET
City-St-Zip: Ocala, FL 34471 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT MAPES

MGRM

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date