

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

DOCUMENT # L02000033490

1. Entity Name

D.B.S. ENTERPRISES, LLC



FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90040 018 ****55.00

DO NOT WRITE IN THIS SPACE

30056033

2. Principal Place of Business

4010 EAST Shorewood DR

Suite, Apt. #, etc.

3. Mailing Address

D.B.S. Enterprises LLC

Suite, Apt. #, etc.

4010 EAST Shorewood DR.

City & State

HERNANDO FL

City & State

HERNANDO FL

Zip

34442

Country

CITRUS

Zip

34442

Country

CITRUS

4. FEI Number

13-4228479

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David Solowiej

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

4010 EAST Shorewood DR.

City

HERNANDO

FL

Zip Code

34442

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

David Solowiej

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

4-11-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OPERATING MANAGER
Blanche Solowiej
4010 E. Shorewood DR
HERNANDO FL 34442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE OPERATING MANAGER
David Solowiej
4010 E Shorewood DR.
HERNANDO FL 34442

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

David Solowiej

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

4-11-03

Date

3526372023

Daytime Phone #

CR2E083B (12/02)