2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000012735

1. Entity Name
D.P. SQUARED, L.L.C.

Principal Place of Business	Mailing Address
2901 N.W. COMMERCE PARK DR. BOYNTON BEACH, FL 33426 US	2901 N.W COMMERCE PARK DR BOYNTON BEACH, FL 33426 US

DO NOT WRITE IN THIS SPACE

03022007No Chg-LLC CR2E083 (11/05)

4. FEI Number
81-0612356
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GEROW, JEFFREY S
4800 N. FEDERAL HWY., STE. 307B
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LECHNER, JILL
STREET ADDRESS	5774 ASPEN RIDGE CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	MGRM
NAME	RAMPAL, SATISH
STREET ADDRESS	2901 N.W COMMERCE PARK DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/06/07-80010-010 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #