

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000017471

1. Entity Name
DRS HOLDINGS, LLC



Principal Place of Business
5404 OVERLOOK POINT
LAKELAND, FL 33813 US

Mailing Address
5404 OVERLOOK POINT
LAKELAND, FL 33813 US



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0160246

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUNDEAN, DEBORAH R
5404 OVERLOOK POINT
LAKELAND, FL 33813

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SUNDEAN, DEBORAH R
STREET ADDRESS	5404 OVERLOOK POINT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	MGRM
NAME	SUNDEAN, DOUGLAS R
STREET ADDRESS	5404 OVERLOOK POINT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000810498
02/08/08-80067-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *Deborah R. Sundean* *Deborah R. Sundean* 1/30/08 (813) 537-1372

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

Date

Daytime Phone #