2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L03000036968

1. Entity Name DFS, LLC



FILED
May 03, 2007 08:00 A
Secretary of State

Principal Place of Business

8085 N.W. 90TH STREET MEDLEY, FL 33166

SIGNATURE:

Mailing Address

8085 N.W. 90TH STREET MEDLEY, FL 33166



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 	-	Applied For
43-2029538			Not Applicable
5. Certificate of Status Desired	\$5.0		Additional

Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FL MIAMI, FL 33145

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		IN THIS SPACE			
8. The above the obligat SIGNATURE.	ions of registered agent	and office or registered agent, or both, in the State of Florida. I am familiar with, and accept $ \frac{\Delta pri \mid 30, 2007}{\Delta pant egneture required when renatating)} $			
Filing Fee is \$50.00 Due by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEINAU, HEIDI 8085 N.W. 90TH STREET MEDLEY, FL 33166	U00000760056			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	05/24/07-80067-007 50.00			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not qualify for the ex on this report is true and accurate and that my signature shall have the san bility company or the receiver of the true employed of the execute this report a	emptions contained in Chapter 119, Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.			