2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2007
Secretary of State

DOCUMENT# L03000041730

Entity Name: DNS ARMS, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

3681 12 AVE NE
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

3681 12 AVE NE
NAPLES, FL 34120

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPRAY, NATHAN C
3681 12 AVE NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SPRAY, NATHAN C
Address: 3681 12 AVE NE
City-St-Zip: NAPLES, FL 34120

Title: MGRM ( ) Delete
Name: SPRAY, DENA R
Address: 3681 12 AVE NE
City-St-Zip: NAPLES, FL 34120

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: SPRAY, JOHN D
Address: 878 WEST CEDER
City-St-Zip: KAHOKA, MO 63445

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: NATHAN C SPRAY MGR 08/07/2007

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