

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #** L03000056665

**1. Entity Name**  
D & S CUSTOM CLEARING LLC



**Principal Place of Business**  
2458 JUSTY WAY  
ORLANDO FL 32817

**Mailing Address**  
2458 JUSTY WAY  
ORLANDO FL 32817



**2. Principal Place of Business**  
2458 Justy Way  
Suite, Apt. #, etc.

**3. Mailing Address**  
2458 Justy Way  
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

**City & State**  
ORLANDO FL

**City & State**  
ORLANDO FL

**Zip**  
32817

**Country**  
USA

**Zip**  
32817

**Country**  
USA

**4. FEI Number**  
33-8604668

☐ Applied For  
☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
  
WALKER, STEVEN R  
2458 JUSTY WAY  
ORLANDO FL 32817

**7. Name and Address of New Registered Agent**  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

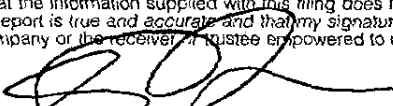
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                               | 10. ADDITIONS/CHANGES                          |                                                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WALKER, STEVEN R<br>2458 JUSTY WAY<br>ORLANDO FL 32817 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 000000451118 <input type="checkbox"/> Change <input type="checkbox"/> Add<br>03/10/06-80038-006 55.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                          |

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **2/25/6 407 765 694**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #