2008 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 # L03000057317

1. Entity Name
DPL SOLUTIONS, LLC

Principal Place of Business



Mailing Address

1409 S. E. 17TH TERRACE DEERFIELD BEACH, FL 33441 1409 S. E. 17TH TERRACE DEERFIELD BEACH, FL 33441

FILED Aug 22, 2008 08:00 AM Secretary of State



08112008 No Chg-LLC

CR2E083 (12/07)

y grand and a state of

4. FEI Number 20-0534466 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431

SIGNATURE:

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33431		The state of the s
	•	and the state of t
		are office of the second of th
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. 1 am familiar with, and accept the obligations of registered agent.		
•		
SIGNATURE Signature, typed or printed name of registered agent and title (I applicable (NOTE; Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		
9.	MANAGING MEMBERS/MANAGERS	- I was a fact that the same of the same o
TITLE	MGRM	the state of the s
NAME	KARCH, JOHN J	The second of th
STREET ADDRESS	2626 PIONEER LANE	the state of the s
CITY-ST-ZIP	FALLS CHURCH, VA 22043	The second of th
TITLE	MGRM	The control of the state of the control of the cont
NAME	KARCH, PAUL J	້າມ ຈີນ ທີ່ ພັກດາດຕົວແລະວາ ^{ນ ໃນເປັ} ນ ທີ່ ນ້ຳ
STREET ADDRESS	1409 S. E. 17TH TERRACE	10000000000000000000000000000000000000
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	08/22/08-80002+020 138.75 ***
TITLE		The second of th
NAME		The state of the s
STREET ADDRESS	·	
CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS COACE IN THE
NAME		IN THIS SPACE A SECOND OF THE
STREET ADDRESS		The second of th
CITY - ST - ZIP		The state of the s
TITLE		🗖 医二甲二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
NAME		The second of th
STREET ADDRESS		a file in the same are the same and the same and the same as
CITY-ST-ZIP		
TITLE		The state of the s
NAME		and the control of the state of the same o
STREET ADDRESS CITY-ST-ZIP		The second of th
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 truspe empowered to execute this report as required by Chapter 608, Florida Statutes.		