## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Secretary of State 05-07-2008 90017 014 \*\*\*138.75 DOCUMENT # L04000001417 1. Entity Name DSI SIGNATURE INTERIORS, LLC Principal Place of Business Mailing Address 7131 PELICAN ISLAND DR 7131 PELICAN ISLAND DR 60039887 TAMPA, FL 33634 TAMPA, FL 33634 04102008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0560030 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required · 6. Name and Address of Current Registered Agent NELSON, KEVIN D DO NOT WRITE 501 E KENNEDY BLVD, STE 1700 TAMPA, FL 33602 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9: TITLE SPOTO, DOLORES NAME STREET ADDRESS 7181 PELICAN ISLAND DR CITY-ST-ZIP TAMPA, FL 33634 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

May 07, 2008 8:00 am

