2008 LIMITED LIABILITY COMPANY

FILED Jan 10, 2008 08:00 A Secretary of State

407-718-1005

	ANNUA	L REPORT	
DOCUMENT # I 1. Entity Name DS SERVICES LLC			
Principal Place of Business 1926 NATALEN RD. WINTER PARK, FL 32792	us .	Mailing Address 1926 NATALEN RD. WINTER PARK, FL 32792	US



DO NOT WRITE IN THIS SPACE

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

CR2E083 (12/07) 01072008 No Chg-LLC

4.	FEI Number	1.	Applied For
	03-8400247		Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SENECAL, DANIEL A 1926 NATALEN RD. WINTER PARK, FL 32792

SIGNATURE

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE			
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		000000779137 01/11/08-80018-009 138.75			
9	MANAGING MEMBERS/MANAGERS					
THILE NAME STREET ADDRESS CITY+ST-ZIP	MGR SENECAL, DANIEL A SR. 1926 NATALEN RD. WINTER PARK, FL 32792					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not of on this report is true and accurate and that my signature should be company or the receiver or frustee empowered to execute the company or the receiver or frustee empowered to execute the company or the receiver or frustee empowered to execute the company or the receiver or frustee empowered to execute the company or the receiver of the company or the receiver of the company or the receiver of the company of the com	qualify for the exemptions contained in Chapter 119, half have the same legal effect as if made under oath cute this report as required by Chapter 608, Florida	Florida Statutes. I further certify that the information is that I am a managing member or manager of the Statutes.			

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