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Apr 11, 2005 8:00 am
Secretary of State
01-28-2005 90073 045 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000067785

1. Entity Name
D'S STATION, LLC

30003266

Principal Place of Business	Mailing Address
~~1600 TOWN CENTER BLVD., SUITE C WESTON, FL 33326~~	~~1600 TOWN CENTER BLVD., SUITE C WESTON, FL 33326~~

2. Principal Place of Business	3. Mailing Address
2110 N Ocean Blvd	2110 N Ocean Blvd
Suite, Apt. #, etc. Apt. 1802	Suite, Apt. #, etc. Apt. 1802
City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33305 Country Broward	Zip 33305 Country Broward

01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1871588 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DESIMONE, ALFRED A
~~1600 TOWN CENTER BLVD., SUITE C~~
~~WESTON, FL 33326~~

7. Name and Address of New Registered Agent
Name DeSimone Alfred A
Street Address (P.O. Box Number is Not Acceptable) 2110 N Ocean Blvd
Apt. 1802
City Ft Lauderdale FL Zip Code 33305

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 [signature] 1/24/05 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DESIMONE, ALFRED A 1600 TOWN CENTER BLVD., SUITE C WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 1/24/05 954 389 7825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #