

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081999

Entity Name: DSO SERVICES, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

FOUR SAWGRASS VILLAGE
SUITE 240-F
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

FOUR SAWGRASS VILLAGE
SUITE 240-F
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-3855772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORR, BRUCE N
FOUR SAWGRASS VILLAGE
SUITE 240-F
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: ORR, BRUCE N
Address: FOUR SAWGRASS VILLAGE SUITE 240-F
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MR. () Delete
Name: SANDLER, PAUL D
Address: FOUR SAWGRASS VILLAGE SUITE 240-F
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MR. () Delete
Name: D'ELISA, JOHN E
Address: FOUR SAWGRASS VILLAGE SUITE 240-F
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE N ORR

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date