

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90185 003 ****50.00

DOCUMENT # L04000086110

1. Entity Name

DNA BUSINESS SERVICES, LLC



Principal Place of Business

5826 SANDSTONE WAY
JACKSONVILLE FL 32258

Mailing Address

5826 SANDSTONE WAY
JACKSONVILLE FL 32258

2. Principal Place of Business

14477 LAKE JESSUP DR

Suite, Apt. #, etc.

3. Mailing Address

14477 LAKE JESSUP DR

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

142606357

Applied For

Not Applicable

Zip

32258

Country

USA

Zip

32258

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, NATHANIEL JR
5826 SANDSTONE WAY
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name

NATHANIEL SCOTT, JR

Street Address (P.O. Box Number is Not Acceptable)

14477 LAKE JESSUP DR

City

JACKSONVILLE

FL

Zip Code

32258

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05-27-05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SCOTT, DANA L.
STREET ADDRESS 5826 SANDSTONE WAY
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME SCOTT, DANA L.
STREET ADDRESS 14477 LAKE JESSUP DR
CITY-ST-ZIP JACKSONVILLE, FL 32258 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Dana L. Scott

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

Date

Daytime Phone #

05-27-05 904 850 8466