



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90103 042 ****50.00

DOCUMENT # L04000089542 1. Entity Name DRS SERVICES OF NW FLORIDA, LLC					
Principal Place of Business 2136 WHISPERING PINES SUITE 7 NAVARRE, FL 32566 US			Mailing Address 2136 WHISPERING PINES SUITE 7 NAVARRE, FL 32566 US		
2. Principal Place of Business - No P.O. Box # 2245 Lemure Dr.		3. Mailing Address 2245 Lemure Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NAVARRE FL		City & State NAVARRE FL			
Zip 32566		Zip 32566			
Country USA		Country USA		4. FEI Number 20-1994294	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				09052007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SUTTON, DANIEL R II 208 WILDCAT COURT DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTON, DANIEL R II 208 WILDCAT COURT DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKLE, DONALD L JR 2136 WHISPERING PINES BLVD, #7 NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		MGRM Markle, Donald 2245 Lemure Dr. NAVARRE FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Donald Markle</u>				9-5-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	