

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000023369	
1. Entity Name DCSC, LLC	

Principal Place of Business 5602 N. BRANCH AVENUE TAMPA, FL 33604 US	Mailing Address 5602 N. BRANCH AVENUE TAMPA, FL 33604 US
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03282007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2451419	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRIS, STEPHEN W 5602 N. BRANCH AVENUE TAMPA, FL 33604	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, STEPHEN W 5602 N. BRANCH AVENUE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOD, DAVID M P.O. BOX 271249 TAMPA, FL 33688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRASSINGTON, CRAIG M 3306 S. SAN MIGUEL STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFLIN, CHRISTOPHER A 215 W. FERN STREET TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/06/07-80012-022 50.00

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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: Stephen Harris 3/28/07 813-451-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 0243