


2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000023369</b>	
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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**DO NOT WRITE IN THIS SPACE**



02192008No Chg-LLC


CR2E083 (12/07)

4. FEI Number 20-2451419	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HARRIS, STEPHEN W 5602 N. BRANCH AVENUE TAMPA, FL 33604
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**DO NOT WRITE IN THIS SPACE**

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</small>	2/18/08 <small>DATE</small>

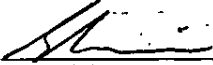
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, STEPHEN W 5602 N. BRANCH AVENUE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOD, DAVID 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000836724  
03/04/08-80030-004 138.75

**DO NOT WRITE IN THIS SPACE**

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.	
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	2/18/08 <small>Date</small>	813-232-5492 <small>Daytime Phone #</small>
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