# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 11, 2007**
**Secretary of State**

DOCUMENT# L05000049027

**Entity Name:** C.D.S., LLC

**Current Principal Place of Business:**

3553 SEAWAY DRIVE
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 584
PORT RICHEY, FL 34673

**New Mailing Address:**

**FEI Number: 03-0561610** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDERS, CHARLES D
3553 SEAWAY DRIVE
NEW PORT RICHEY, FL 34652 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: MGR ( ) Delete
Name: SANDERS, CHARLES D
Address: 3553 SEAWAY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: SANDERS, CHARLES D
Address: 3553 SEAWAY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM ( ) Change (X) Addition
Name: SANDERS, CHARLES M
Address: PO BOX 1033
City-St-Zip: PORT RICHEY, FL 34673

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES D SANDERS MGRM 04/11/2007

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