

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049027

Entity Name: C.D.S., LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

3553 SEAWAY DRIVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

10118 BRIAR CIRCLE
HUDSON, FL 34667

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:

SANDERS, CHARLES D
10118 BRIAR CIRCLE
HUDSON, FL 34667 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANDERS, CHARLES D
Address: PO BOX 584
City-St-Zip: PORT RICHEY, FL 34673

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/28/2009

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