

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049027

Entity Name: C.D.S., LLC

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10118 BRIAR CIRCLE  
HUDSON, FL 34667

**New Principal Place of Business:**

10118 BRIAR CIRCLE  
HUDSON, FL 34667 UN

**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  
10118 BRIAR CIRCLE  
HUDSON, FL 34667 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: MGRM  
Name: SANDERS, CHARLES D  
Address: PO BOX 584  
City-St-Zip: PORT RICHEY, FL 34673

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

I hereby 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

04/29/2012

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