

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088883

FILED
Jan 07, 2008
Secretary of State

Entity Name: DS SQUARED, LLC

Current Principal Place of Business:

1030 S 86TH STREET
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

1030 S 86TH STREET
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-3431262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, ANDREW T ESQ
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602 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: MR. () Delete
Name: GILLIS, STEVEN T MGMR
Address: 1030 S. 86TH STREET
City-St-Zip: TAMPA, FL 33611

Title: MR. () Delete
Name: GILLIS, JOHN S MGMR
Address: 1030 S. 86TH STREET
City-St-Zip: TAMPA, FL 33611

Title: MR. () Delete
Name: HALL, DAVID P MGMR
Address: 1030 S. 86TH STREET
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

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

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

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: STEVEN T. GILLIS

MGRM

01/07/2008

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