

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093902

Entity Name: C.D.S., LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

5201 N.W. 34TH STREET
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

5201 N.W. 34TH STREET
GAINESVILLE, FL 32605

New Mailing Address:

5835 NW 38TH TERRACE
GAINESVILLE, FL 32653

FEI Number: 32-0160329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATCH, SHAWN H
5835 NW 38TH TERRACE
GAINESVILLE, FL 32653 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 () Delete
Name: CHAPMAN, DON L
Address: 5835 NW 38TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM () Delete
Name: BUMGARNER, CHRIS
Address: 3820 NW 62 PLACE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES:

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: DON CHAPMAN

MGRM

04/14/2009

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