

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094881

Entity Name: LDS, LLC

FILED
Jul 26, 2007
Secretary of State

Current Principal Place of Business:

3615 LOST PINE WAY
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

3615 LOST PINE WAY
VALRICO, FL 33594

New Mailing Address:

FEI Number: 20-3588491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARDT, JAMES
3615 LOST PINE WAY
VALRICO, FL 33594 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARDT, JAMES
Address: 3615 LOST PINE WAY
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: HARDT, KEITH
Address: 3615 LOST PINE WAY
City-St-Zip: VALRICO, FL 33594

Title: MGRM (X) Delete
Name: GARCIA, MATTHEW P
Address: 3615 LOST PINE WAY
City-St-Zip: VALRICO, FL 33594

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: JAMES K HARDT

MGRM

07/26/2007

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