

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100128

Entity Name: DGS, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

26650 WESLEY CHAPEL BLVD
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

23110 SR 54
#106
LUTZ, FL 33549

New Mailing Address:

FEI Number: 20-3612850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARI, ANTHONY
23110 STATE ROAD 54
LUTZ, FL 33549 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: WILD, JOHNNY
Address: 26650 WESLEY CHAPEL BLVD.
City-St-Zip: LUTZ, FL 33559

Title: MGRM () Delete
Name: WINKLER, BERNARD
Address: PO BOX 1441
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM () Delete
Name: VARI, ANTHONY
Address: 23110 SR 54 #106
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM () Delete
Name: VARI, FRANCIS
Address: 23110 SR 54 #106
City-St-Zip: WESLEY CHAPEL, FL 33543

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:

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: ANTHONY VARI

VP

04/27/2009

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