

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105540

FILED
Apr 04, 2008
Secretary of State

Entity Name: DSY LLC

Current Principal Place of Business:

8220 FIRENZE BLVD
ORLANDO, FL 32836 US

New Principal Place of Business:

Current Mailing Address:

8220 FIRENZE BLVD
ORLANDO, FL 32836 US

New Mailing Address:

FEI Number: 20-3722259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAO, SHUPING
8220 FIRENZE BLVD
ORLANDO, FL 32836 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: CAO, SHUPING
Address: 8220 FIRENZE BLVD
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM () Delete
Name: DUAN, ZHONGHUA
Address: 8220 FIRENZE BLVD
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: DORIS, YOUNG
Address: 8220 FIRENZE BLVD
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: SAM, YOUNG
Address: 8220 FIRENZE BLVD
City-St-Zip: ORLANDO, FL 32836

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: SHUPING CAO

MGR

04/04/2008

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