

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L05000108444 1. Entity Name DSMTI, LLC	
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Principal Place of Business 3201 SPARKLING DRIVE SEBRING, FL 33870 US	Mailing Address 3201 SPARKLING DRIVE SEBRING, FL 33870 US
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DO NOT WRITE IN THIS SPACE



03212007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3795061	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCBROOM, DEBRA S
3201 SPARKLING DRIVE
SEBRING, FL 33870

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBROOM, DEBRA S 3201 SPARKLING DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBROOM, BARRY D 3201 SPARKLING DRIVE SEBRING, FL 33870
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: Barry MCBroom MANAGER BARRY MCBROOM 4/5/07 867-453-9200

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #