

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109071

Entity Name: DS HITTSON LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

8646 GLADIOLUS DR
306
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

14510 LAKE OLIVE DR
FORT MYERS, FL 33919

New Mailing Address:

8646 GLADIOLUS DR
306
FORT MYERS, FL 33908

FEI Number: 20-3759134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HITTSON, DAVID
14510 LAKE OLIVE DR
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

HITTSON, DAVID
1451 LAKE OLIVE DR
FORT MYERS, FL 33919 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HITTSON, DAVID
Address: 14510 LAKE OLIVE DR
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: HITTSON, SNEJANA I
Address: 14510 LAKE OLIVE DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HITTSON, DAVID
Address: 3526 S. DEPEW ST UNIT 204
City-St-Zip: DENVER, CO 80235

Title: MGRM (X) Change () Addition
Name: HITTSON, SNEJANA I
Address: 3526 S. DEPEW ST UNIT 204
City-St-Zip: DENVER, CO 80235

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: DAVID HITTSON

MGR

04/16/2009

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