

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000112109

Entity Name: DR CONTROLS, LLC

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1809 N.W. 143RD STREET  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

1809 N.W. 143RD STREET  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 20-3816859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTS, DREW  
1809 N.W. 143RD STREET  
GAINESVILLE, FL 32606 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: MGR  
Name: ROBERTS, DREW L  
Address: 1809 N.W. 143RD STREET  
City-St-Zip: GAINESVILLE, FL 32606

Title: CFO  
Name: ROBERTS, BEVERLY L  
Address: 1809 N.W. 143RD STREET  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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: DREW L ROBERTS

MGR

03/04/2011

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