## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Mar 02, 2007 8:00 am Secretary of State DOCUMENT # L05000121899 1. Entity Name 03-02-2007 90189 019 \*\*\*\*50 00 D.S.M., LLC Principal Place of Business Mailing Address 768 NORTH BELCHER ROAD 768 NORTH BELCHER ROAD **CLEARWATER FL 33765** CLEARWATER FL 33765 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 04-3838150 NO-LAPPLICABLE Not Applicable Zip\_\_\_ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACALUSO, PETER N ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 3302 NORTH TAMPA STREET **TAMPA FL 33603** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. HILE ☐ Delete THEF Change ☐ Addition NAME MARJANOVIC, SVETLANA STREET ADDRESS 768 NORTH BELCHER ROAD STREET ADDRESS CITY - ST - ZIP CLEARWATER FL 33765 CITY-ST-ZIP TITLE ☐ Delete MGR mu Change Addition NAME MARJANOVIC, SRDJAN NAME STREET ADDRESS STREET ADDRESS 765 NORTH BELCHER ROAD CITY - ST- ZIP **CLEARWATER FL 33765** CITY-ST-ZIP HILLE ☐ Delete THLE □ Change Addition NAME NAME MARJANOVIC, DRAGOLJUB STREET ADDRESS STREET ADDRESS 765 NORTH BELCHER ROAD CITY-ST-ZIP CLEARWATER FL 33765 MGR ☐ Defete HILE ☐ Change ☐ Addition NAME MARJANOVIC, SLAVICA NAME STREET ADDRESS STREET ADDRESS 765 NORTH BELCHER ROAD CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-ZIP MGR THE ☐ Delete Change Addition KUZMANOVIC, NEMANJA NAME 2484 COACHMEN ROAD APT 1508 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33765 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME MAKSIMONIC HENAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEALWATER FL 33765 11. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SVETLANA MARSAWOITE MGO

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED** 

## ATTACHMENT 10020549 # L05000121899

DIVISION OF CORPORATIONS  AURINE RELATION  PO BOX 6850.  THUARMSSEE, FL 32314  PLEASE VETUR & REVISED  COPY OF THE ATTACKED  ZOOT LIC ANNUAL REPORT (AR)  MOLDSM.CC.  SVETRAM MARSAWAIL.	2/22/07
Annual Relat Section  PO BOX 6850.  THUMBERSEE, FL 32314  PLEASE RETURN & REVISED  COPY OF THE ATTREACH  ZOOT LLC ANNUAL REPORT (AR)  Mol. D.S.M. CLC.	
PO BOX 6850.  THUMPASSEE, FL 32314  PLEASE VETULA B REVISED  COPY OF THE ATTREACH  ZOOT LLC ANDVAL REPORT (AR)  Mol. D.S.M. C.C.  Mol. D.S.M. C.C.	hume led we seemed
THUMANASSEE, FL 32314  PLEASE VETURA & REVISED  COPY OF THE ATTREASS  2007 LLC ANNUAL DEPORT (AR)  Mol. D.S.M. CLC.	60 BOX P820.
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