

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000003982

1. Entity Name
DRSL HOLDINGS, LLC



Principal Place of Business

1252 CARLENE AVE.
FT MYERS, FL 33901

Mailing Address

1252 CARLENE AVE.
FT MYERS, FL 33901



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4108773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIPPE, STACEY
1252 CARLENE AVE.
FT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR TRIPPE, STACEY 1252 CARLENE AVE. FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MERCADO, ROGER JR. 1252 CARLENE AVE. FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MEURGUE, DENIS 164 BALFOUR DR. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MEURGUE, LISA 164 BALFOUR DR. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

U00000943873
05/29/08-80078-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Lisa Meurgue 4.29.08 239.294.1542