

**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
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**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4108773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable 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-ST-ZIP	MGR TRIPPE, STACEY 1252 CARLENE AVE. FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERCADO, ROGER JR. 1252 CARLENE AVE. FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEURGUE, DENIS 164 BALFOUR DR. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEURGUE, LISA 164 BALFOUR DR. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-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: Lisa Meurgue 4.29.08 239 294 1542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #