

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035013

Entity Name: DTS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3191 WEST NINE MILE ROAD
PENACOLA, FL 32534 US

New Principal Place of Business:

6372 RAMBLER DRIVE
PENACOLA, FL 32505 US

Current Mailing Address:

3191 WEST NINE MILE ROAD
PENACOLA, FL 32534 US

New Mailing Address:

P. O. BOX 37701
PENACOLA, FL 32505 US

FEI Number: 30-0404441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDGES, TRACIE
14425 INNERARITY POINT ROAD
PENSACOLA, FL 32507 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: MGRM () Delete
Name: HEDGES, TRACIE
Address: 14425 INNERARITY POINT ROAD
City-St-Zip: PENSACOLA, FL 32507 US

Title: MGRM () Delete
Name: LAVALLEE, DEBRA
Address: 751 HOLSBERRY PLACE
City-St-Zip: PENSACOLA, FL 32534 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: DAVIS, REGINA
Address: 6372 RAMBLER DRIVE
City-St-Zip: PENSACOLA, FL 32505

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: TRACIE HEDGES

MGMR

04/30/2009

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