

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90031 030 \*\*\*\*50.00

**DOCUMENT # L06000038673**



1. Entity Name  
**DIGITAL TRANSCRIPTION SOLUTIONS, LLC**

Principal Place of Business  
**P.O. BOX 395  
OAKLAND, FL 34760**

Mailing Address  
**P.O. BOX 395  
OAKLAND, FL 34760**

**20001095**



2. Principal Place of Business - No P.O. Box #

**5401 S. KIRKMAN RD**

3. Mailing Address

**P.O. BOX 395**

Suite, Apt. #, etc.

**SUITE 310**

Suite, Apt. #, etc.

01092007

Chg-LLC

CR2E083 (12/06)

City & State

**ORLANDO, FL**

City & State

**OAKLAND, FL**

4. FEI Number

**83-0454157**

Applied For

Not Applicable

Zip

**32819**

Country

**USA**

Zip

**34760**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELATTRE, KELLY  
716 LARGOVISTA DRIVE  
OAKLAND, FL 34760**

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement <sup>by</sup> ~~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

*Kelly Delattre*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-9-07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DELATTRE, KELLY  
716 LARGOVISTA DRIVE  
OAKLAND, FL 34760** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Kelly Delattre*

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

Date

Daytime Phone #

**1-9-07 407-579-2500**