


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90264 025 ***150.00

DOCUMENT # L06000043821					
1. Entity Name D SVC, L.L.C.					
Principal Place of Business 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021			Mailing Address 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # 9999 NE 2ND AVE		3. Mailing Address			
Suite, Apt. #, etc. 218		Suite, Apt. #, etc.			
City & State MIAMI SHORES FL		City & State		4. FEI Number APPLIED FOR 20-5211236	
Zip 33138		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIARATO, UGO V 12000 BISCAYNE BLVD #507 MIAMI, FL 33481			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9999 NE 2ND AVE STE 218 City MIAMI SHORES FL 33138		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 03/14/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRETTA, VITO 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9999 NE 2 AVE - STE 218 MIAMI SHORES FL 33138	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 03/14/08 DAYTIME PHONE # 3058995099		