2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 04, 2007 8:00 am
Secretary of State
05-02-2007 90359 029 ****50.00

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1. Entity Name
D.S.S., LLC

3000000

Principal Place of Business	Mailing Address
3705 ATLANTIS DRIVE PANAMA CITY,, FL 32409	3705 ATLANTIS DRIVE PANAMA CITY,, FL 32409

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3705 Atlantis Drive	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~Panama City, FL. 32409~~	City & State
Zip: 32409 Country: USA	Zip Country

03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 06-1778136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGOWIN, LETITIA S
3705 ATLANTIS DRIVE
PANAMA CITY, FL FL

7. Name and Address of New Registered Agent

Name: Mira E. Phillips
Street Address (P.O. Box Number is Not Acceptable): 3705 Atlantis Drive
City: ~~Panama City, FL 32409~~ FL Zip Code 32409

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) (Mira E. Phillips) 4-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR MCGOWIN, LETITIA S 3705 ATLANTIS DRIVE PANAMA CITY, FL 32409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Phillips, William D. 3705 Atlantis Drive Panama City, FL. 32409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PHILLIPS, WILLIAM D 3705 ATLANTIS DRIVE PANAMA CITY, F 32409	☐ 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
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TITLE / NAME / STREET ADDRESS / 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: (signature) William D. Phillips, MGR 5-27-07 WP 4-27-07 850-596-5546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #