

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90062 038 ***138.75

DOCUMENT # L06000076957

1. Entity Name
DSC PARTNERS, LLC



Principal Place of Business
**6949 MOBILE HIGHWAY
PENSACOLA, FL 32526**

Mailing Address
**6949 MOBILE HIGHWAY
PENSACOLA, FL 32526**

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

3. Mailing Address

P.O. Box 37159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

Country

Zip

Country

32526

U.S.

01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-5489905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLARKE, JAMIE D
1257 LEAR COURT
CANTONMENT, FL 32533**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **MGR** ☐ Delete
NAME **WHITE, JAMES H SR.**
STREET ADDRESS **3411 PINE FOREST RD.**
CITY - ST - ZIP **CANTONMENT, FL 32533**

TITLE **MGR** ☐ Delete
NAME **CLARKE, JAMIE D**
STREET ADDRESS **1257 LEAR COURT**
CITY - ST - ZIP **CANTONMENT, FL 32533**

TITLE **MGR** ☐ Delete
NAME **WHITE, JAMES H JR.**
STREET ADDRESS **2070 DOVEFIELD DRIVE**
CITY - ST - ZIP **PENSACOLA, FL 32534**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

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

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

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

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:

Jamie D. Clarke **JAMIE D. CLARKE**

01-08-08 (850) 9445810

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

Date

Daytime Phone #