

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000085406

**FILED**  
**May 10, 2010**  
**Secretary of State**

**Entity Name:** DRY SYSTEMS SERVICES LLC

**Current Principal Place of Business:**

8015 SYCAMORE DR  
NEW PORT RICHEY, FL 34654 US

**New Principal Place of Business:**

**Current Mailing Address:**

8015 SYCAMORE DR  
NEW PORT RICHEY, FL 34654 US

**New Mailing Address:**

**FEI Number:** 20-5571221      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

**Name and Address of New Registered Agent:**

SILLE, ROBBY T  
8015 SYCAMORE DR  
NEW PORT RICHEY, FL 34654 US

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: ROBBY T SILLE

05/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SILLE, ROBBY T  
**Address:** 8015 SYCAMORE DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34654 US

**Title:** MGR  
**Name:** SILLE, KATHRYN A  
**Address:** 8015 SYCAMORE DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34654 US

I hereby 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: ROBBY T SILLE

MGR

05/10/2010

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