

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012836

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: DS CONSULTING SERVICES LLC.

**Current Principal Place of Business:**

5798 S SEMORAN BLVD, STE 112  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

5798 S SEMORAN BLVD, STE 112  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 20-8376162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALAZAR, DAYAMAURY Y  
5525 GELATO DR  
ORLANDO, FL 32829 US

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

SALAZAR, DAYAMAURY Y  
5550 E. MICHIGAN ST  
#2223  
ORLANDO, FL 32822 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: DAYAMAURY SALAZAR

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SALAZAR, DAYAMAURY Y  
Address: 5525 GELATO DR  
City-St-Zip: ORLANDO, FL 32829

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOLIVAR, ENRIQUETA  
Address: 5550 E MICHIGAN ST #2223  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM ( ) Change (X) Addition  
Name: SALAZAR, DAYAMAURY Y  
Address: 4025 S 201ST EAST AVE  
City-St-Zip: BROKEN ARROW, OK 74014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAYAMAURY SALAZAR

MGRM

04/14/2009

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