

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2008 8:00 am
Secretary of State

05-16-2008 90189 032 ***138.75

DOCUMENT # L07000020277

1. Entity Name
DST INVESTMENTS, LLC



Principal Place of Business
**109 SOUTH AVENUE
FORT WALTON BEACH, FL 32547**

Mailing Address
**109 SOUTH AVENUE
FORT WALTON BEACH, FL 32547**

00003470

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8490360

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALLIN, SHAWN G
109 SOUTH AVENUE
FORT WALTON BEACH, FL 32547**

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 reappointing)

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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALLIN, SHAWN G 109 SOUTH AVENUE FORT WALTON BEACH, FL 32547	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AD/DC DEVELOPMENT, INC. 530 BEACH DRIVE DESTIN, FL 32541	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARR, THOMAS A 225-D ALCONESE AVENUE FORT WALTON BEACH, FL 32548	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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		☐ 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #