2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L07000051577

Entity Name: D-SIS'S CATERING SERVICES, L.L.C.

Current Principal Place of Business:

2500 N.W. 55TH BOULEVARD
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

2500 N.W. 55TH BOULEVARD
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 26-0287799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERRY, BEVERLY
2500 N.W. 55TH BOULEVARD
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	PERRY, BEVERLY	
Address:	2500 N.W. 55TH BOULEVARD	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	MGRM	( ) Delete
Name:	LEE, MELVE	
Address:	9330 SUNNY OAK DRIVE	
City-St-Zip:	RIVERVIEW, FL 35696	
Title:	MGRM	( ) Delete
Name:	FOSTER, JANET	
Address:	PO BOX 87	
City-St-Zip:	LACROSSE, FL 35658	
Title:	MGRM	( ) Delete
Name:	DUDLEY, SHARON	
Address:	234 N.W. 7TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MGRM	( ) Delete
Name:	DANIELS, REATHA	
Address:	6606 N.W. 27TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	MGRM	( ) Delete
Name:	DANIELS, ANNETTE	
Address:	1511 N.E. 16TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: BEVERLY PERRY MGR 04/15/2009

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