2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000071009

1. Entity Name
DTS ELECTRIC LLC

Principal Place of Business	Mailing Address
17351 FRONT BEACH ROAD 401 W PANAMA CITY BEACH, FL 32413 US	PO BOX 19919 PANAMA CITY BEACH, FL 32417 US
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

bUU4UJU3

05082008   Chg-LLC   CR2E083 (12/06)

4. FEI Number 26-0545812   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**
SILBAUGH, DANIEL T 17351 FRONT BEACH ROAD 401 W PANAMA CITY BEACH, FL 32413	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 **Due by September 12, 2008**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE: MGR NAME: SILBAUGH, DANIEL T STREET ADDRESS: 17351 FRONT BEACH ROAD CITY-ST-ZIP: PANAMA CITY BEACH, FL 32413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Delete	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 608, Florida Statutes.

SIGNATURE: _Daniel T. Silbaugh_   5/08/08   850-541-3685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   / Date   Daytime Phone #