2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 26, 2008 8:00 am Secretary of State

DOCUI 1. Entity Name DSE SYS			03-26-2008 90116 002 ***138.75						
Principal Place of Business 5201 S. WESTSHORE BLVD. TAMPA, FL 33611		Mailing Address 5201 S. WESTSHORE BLVD. TAMPA, FL 33611		 -		6001	7349		
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03102008	Chg-LLC	CR2E083 (12)	06)	
City & State	е	City & State			4. FEI Numbe	1173493		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Fee Re	Additional quired	
	6. Name and Address of Curre	nt Registered Agent	NI		7. Name and	Address of New Ro	egistered Agent		
SUTTON, I	KEVIN H		Name	Name					
	NNEDY BLVD., STE. 3700		Street /	Address (P.O. Box Numbe	r is Not Acceptable)		
			City				F ∎ Zio	Code	
8. The above	named entity submits this statement	for the purpose of changing its re		or register	ed agent, or bott	n, in the State of Flo	FL		
the obligati	ions of registered agent.		•	•				·	
SIGNATURE .	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE:	Registered Agent signa	lure recurred			OATE		
——				dare redamen	when reinstating)		UNIL		
	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.				when reinstating)		e check payable Department of		
	/ 1, 2008 Fee will be \$538.	75 BERS/MANAGERS	10.				e check payable Department of CHANGES	State	
9. TITLE NAME STREET ADDRESS	/ 1, 2008 Fee will be \$538.	75	10. TITLE NAME STREET ADDRESS	M 6 SHIN 520	R D, DAG Y. I S.Wetth	ADDITIONS/	e check payable Department of	State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	/ 1, 2008 Fee will be \$538.	75 BERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	M 6 SHIN 520	R DAC Y	ADDITIONS/	e check payable Department of CHANGES	State nge Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	/ 1, 2008 Fee will be \$538.	75 BERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	M 6 SHIN 520	R D, DAG Y. I S.Wetth	ADDITIONS/	e check payable Department of CHANGES	State Addition nge Addition	
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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.

CITY-ST-ZIP

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

CITY-ST-ZIP

813-831-0750