2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-15-2008 90107 030 ***138.75

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03042008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000085045

1. Entity Name
DSAE, LLC

Principal Place of Business	Mailing Address
1639 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250 US	1639 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
370 15th Avenue South	370 15th Avenue South
Suite, Apt. #, etc.: Units A + B	Suite, Apt. #, etc.: Units A + B
City & State: Jacksonville Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32250 Country:	Zip: 32250 Country:

4. FEI Number: 06-1684900 ☐ 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
AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST. 500 ORLANDO, FL 32804	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
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 DOHERTY, CAREN 1639 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MGRM Doherty, Caren 370 15th Ave. South, Units A+B Jacksonville Beach, FL 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SOMMERS, CRAIG 1639 BEACH BLVD JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MGRM Sommers, Craig 370 15th Ave. South, Units A+B Jacksonville Beach, FL 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

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: [signature] 4-14-08 904-249-0698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #