

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000095771

**FILED**  
**Mar 06, 2008**  
**Secretary of State****Entity Name:** DSA CONSULTANTS, LLC**Current Principal Place of Business:**3631 SQUARE WEST LANE, SUITE A  
SARASOTA, FL 342384604**New Principal Place of Business:**1990 MAIN STREET  
SUITE 750  
SARASOTA, FL 34236 US**Current Mailing Address:**1990 MAIN STREET  
SUITE 750  
SARASOTA, FL 34236**New Mailing Address:**1990 MAIN STREET  
SUITE 750  
SARASOTA, FL 34236 US**FEI Number:** 26-1134066**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**AULDS, DARRELL D  
3631 SQUARE WEST LANE, SUITE A  
SARASOTA, FL 342384604 US**Name and Address of New Registered Agent:**HOCTOR, JAMES J  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

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:** JAMES J HOCTOR

03/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MRS ( ) Delete  
**Name:** AULDS, SUZANNE J SEC  
**Address:** 3631 SQUARE WEST LANE  
**City-St-Zip:** SARASOTA, FL 34236**ADDITIONS/CHANGES:****Title:** MRS (X) Change ( ) Addition  
**Name:** AULDS, SUZANNE J SEC  
**Address:** 1990 MAIN STREET, SUITE 750  
**City-St-Zip:** SARASOTA, FL 34236

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:** SUZANNE J AULDS

SEC

03/06/2008

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