2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L07000095771

Entity Name: DSA CONSULTANTS, LLC

Current Principal Place of Business:

1990 MAIN STREET
SUITE 750
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1990 MAIN STREET
SUITE 750
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 26-1134066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOCTOR, JAMES J
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: MRS ( ) Delete
Name: AULDS, SUZANNE J SEC
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition
Name: AULDS, DARRELL D CEO
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

Title: MRS ( ) Change (X) Addition
Name: AULDS, SUZANNE J SEC
Address: 1990 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: MR ( ) Change (X) Addition
Name: LAMOUREUX, HUGH D CFO
Address: 1990 MAIN STREET
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: DARRELL D AULDS CEO 02/05/2009

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