


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 MAY -1 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
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| DOCUMENT # L07000115041 | |  | |
| 1. Entity Name DFS ENTERPRISES LLC | | | |
| Principal Place of Business 1005 W STATE ROAD 84 # 181 FORT LAUDERDALE, FL 33315 | | Mailing Address 1005 W STATE ROAD 84 # 181 FORT LAUDERDALE, FL 33315 | |
| 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 |
| 4. FEI Number 26-1405190 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ODZE, NEIL 1005 W STATE ROAD 84 # 181 FORT LAUDERDALE, FL 33315 | | 7. Name and Address of New Registered Agent Name <u>COMDIRECT AGENTS, INC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>515 EAST PARK AVENUE</u> City <u>TALLAHASSEE</u> FL Zip Code <u>32301</u> | |
| 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 <u>Ricky Soto</u> Signature, typed or printed name of registered agent and title if applicable. | | DATE <u>5/1/08</u> (NOTE: Registered Agent signature required when reinstating) | |
| 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 | MGR ODZE, NEIL 1005 W STATE ROAD 84 #181 FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR LOWMY, DAVID 1005 W STATE ROAD 84 #181 FORT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ADAMS, JASEN 1005 W STATE ROAD 84 #181 FORT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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. | | | |
| SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date <u>4/30/08</u> Daytime Phone # <u>954-232-6788</u> | |