2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000062898

Entity Name: DERSAL, LLC

Current Principal Place of Business:

735 COLORADO AVENUE
SUITE 1
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1428
STUART, FL 34995

New Mailing Address:

541 NORTH CAROLINA DRIVE
STUART, FL 34994

FEI Number: 80-0205941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARRENBACKER, DAVID
735 COLORADO AVENUE
SUITE 1
STUART, FL 34994 US

Name and Address of New Registered Agent:

DERRENBACKER, DAVID
735 COLORADO AVENUE
SUITE 1
STUART, FL 34994 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: DAVID B. DERRENBACKER 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SALA, NESTOR R	
Address:	4390 SW OAK HAVEN LANE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	MGRM	( ) Delete
Name:	DERRENBACKER, DAVID	
Address:	735 COLORADO AVENUE, SUITE 1	
City-St-Zip:	STUART, FL 34994	
Title:	MGR	( ) Delete
Name:	SALA, NESTOR R II	
Address:	4158 NORTH SHORE DRIVE	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	MGR	( ) Delete
Name:	SALA, JEANINE L	
Address:	1424 SW SILVER PINE WAY	
City-St-Zip:	PALM CITY, FL 34990	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: NESTOR R SALA MGRM 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date