2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000090531

Entity Name: DSI FABRICATION LLC

Current Principal Place of Business:

601 PONCE DE LEON BLVD S
C
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

601-C PONCE DE LEON BLVD S
ST AUGUSTINE, FL 32084 US

Current Mailing Address:

601 PONCE DE LEON BLVD S
C
ST AUGUSTINE, FL 32084 US

New Mailing Address:

601-C PONCE DE LEON BLVD S
ST AUGUSTINE, FL 32084 US

FEI Number: 26-3417518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTOPHER SPRINGHORN CPA PA
601-C PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084 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: MGRM ( ) Delete
Name: INMAN, RAYMOND J
Address: 2669 BELLA GORDA AVE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM ( ) Delete
Name: SPRINGHORN, CHRISTOPHER
Address: 601 PONCE DE LEON BLVD S
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: SPRINGHORN, CHRISTOPHER
Address: 601-C PONCE DE LEON BLVD S
City-St-Zip: ST AUGUSTINE, FL 32084

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: CHRISTOPHER SPRINGHORN MMB 04/23/2009

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