

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103645

Entity Name: DSLP HOLDINGS, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

51 N HOAGLAND BLVD
KISSIMMEE, FL 34741 OS

New Principal Place of Business:

51 N HOAGLAND BLVD
KISSIMMEE, FL 34741 US

Current Mailing Address:

51 N HOAGLAND BLVD
KISSIMMEE, FL 34741 OS

New Mailing Address:

51 N HOAGLAND BLVD
KISSIMMEE, FL 34741 US

FEI Number: 26-3666988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, LEONARD L
1592 ANORADA BLVD
KISSIMMEE, FL 34744 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: PETERSON, LEONARD L
Address: 51 N HOAGLAND BLVD
City-St-Zip: KISSIMMEE, FL 34741 OS

Title: MGRM () Delete
Name: STUTESMAN, DAVID S
Address: 51 N HOAGLAND BLVD
City-St-Zip: KISSIMMEE, FL 34741 OS

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETERSON, LEONARD L
Address: 51 N HOAGLAND BLVD
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGRM (X) Change () Addition
Name: STUTESMAN, DAVID S
Address: 51 N HOAGLAND BLVD
City-St-Zip: KISSIMMEE, FL 34741 US

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: LEONARD PETERSON

MGRM

01/08/2009

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