

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105076

Entity Name: D S T ENTERPRISES LLC

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

4107B TAMIAMI TRAIL
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

4107B TAMIAMI TRAIL
VENICE, FL 34293

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DAVID W
9270 SW LIPE ROAD
ARCADIA, FL 34269 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: JONES, DAVID W
Address: 9170 SW LIPE ROAD
City-St-Zip: ARCADIA, FL 34269

Title: MGRM () Delete
Name: JONES, STEPHANIE R
Address: 9170 SW LIPE ROAD
City-St-Zip: ARCADIA, FL 34269

Title: MGRM () Delete
Name: BUSTETTER, MARK A
Address: 2124 NORTH US 41, SUITE 102
City-St-Zip: SARASOTA, FL 34234

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:

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: DAVID W. JONES

MGRM

03/18/2009

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