

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101770

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** DSI CONSULTING AND MANAGEMENT, LLC

**Current Principal Place of Business:**

6722 NW 18TH DRIVE  
UNIT 5  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

6722 NW 18TH DRIVE  
UNIT 5  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:** 27-1156800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, STAFFORD  
6722 NW 18TH DRIVE  
UNIT 5  
GAINESVILLE, FL 35653 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  
Name: JONES, STAFFORD  
Address: 2731 SW WILLISTON ROAD  
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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: STAFFORD JONES

MGRM

02/07/2011

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