

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102408

Entity Name: DKS SOLUTIONS, LLC

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O THE PATH  
P. O. BOX 3024  
INVERNESS, FL 34451 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE PATH  
P. O. BOX 3024  
INVERNESS, FL 34451 US

**New Mailing Address:**

FEI Number: 27-1280209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIANE COHEN, P.A.  
111 W. MAIN STREET  
SUITE 203  
INVERNESS, FL 34450 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: SIPPER, DUWAYNE  
Address: 2696 W. EDISON PLACE  
City-St-Zip: CITRUS SPRINGS, FL 34433 US

Title: MGRM  
Name: SIPPER, KATHRYN  
Address: 2696 W. EDISON PLACE  
City-St-Zip: CITRUS SPRINGS, FL 34433 US

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: DUWAYNE SIPPER

MR.

04/06/2011

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