

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000107178

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** D G SMALL BUSINESS SOLUTIONS LLC

**Current Principal Place of Business:**

231 LEISURE CIRCLE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

231 LEISURE CIRCLE  
PORT ORANGE, FL 32127 US

**Current Mailing Address:**

P.O. BOX 290661  
PORT ORANGE, FL 321290661

**New Mailing Address:**

P.O. BOX 290661  
PORT ORANGE, FL 321290661 US

**FEI Number:** 27-1352629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PAYNE, GARY P SR.  
231 LEISURE CIRCLE  
PORT ORANGE, FL 32127 US

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

PAYNE, SR., GARY P MR.  
231 LEISURE CIRCLE  
PORT ORANGE, FL 32127 US

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: GARY P. PAYNE, SR.

03/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PAYNE, SR, GARY P MR  
Address: 231 LEISURE CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM  
Name: PAYNE, TERRI E MRS  
Address: 231 LEISURE CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127 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: GARY P. PAYNE, SR.

MGRM

03/02/2010

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