

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118628

Entity Name: CENTURION OF DS, LLC

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

227 BAY GROVE ROAD  
SUITE 1  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

227 BAY GROVE ROAD  
SUITE 1  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 27-1646200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PETERMANN, RICHARD P  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 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: JENKINS, MICHAEL L  
Address: 227 BAY GROVE ROAD, SUITE 1  
City-St-Zip: FREEPORT, FL 32439

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: MICHAEL L JENKINS

MGRM

03/15/2010

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