

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # L99000001617

1. Entity Name
DSP CONSTRUCTION, LLC



Principal Place of Business
**16375 NE 18TH AVENUE, SUITE 201
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**16375 NE 18TH AVENUE, SUITE 201
NORTH MIAMI BEACH, FL 33162**



04142005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0909033

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAFER, LEWIS R ESQ
SHAFER & ASSOCIATES, P.A.
3299 N.W. BOCA RATON BLVD., SUITE 200
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SOLTANIK, ENRIQUE
16375 NE 18TH AVENUE, SUITE 201
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PILATTI, LUIS ALBERTO
16375 NE 18TH AVENUE, SUITE 201
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
DEPALMA, MIGUEL ANGEL
16375 NE 18TH AVENUE, SUITE 201
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

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04/25/05-80147-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/05

Date

Daytime Phone # _____