

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # L99 0000003715

02 APR 29 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

Dsprey Solutions LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1333 N. Duval St.

3. Mailing Address

1333 N. Duval St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32302

Country

Zip

32302

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Florida Filing & Search Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)

1333 N. Duval St.

City

Tallahassee

FL

Zip Code

32302

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.

SIGNATURE

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

4/26/02  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR Sterling Managers Limited PO Box 362 Road Town, Tortola, BVI</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR Marshallan Management Co. Ltd. Old Airport Rd. Ste. 227 The Valley, Anguilla, BVI</u>
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**DO NOT WRITE  
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: Janet M. Caruccio

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

Auth. Rep.

4-24-02

Date

Daytime Phone #

302-421-5750

CR2E083B (12/01)

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**PH: (850) 668-4318 FX: (850) 668-3398**

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**DATE:** 04-29-02

**ACCOUNT NO:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

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*Abbie Hodge*

**TYPE OF FILING:** UNIFORM BUSINESS REPORTS

**NAME:** 33 LIMITED LIABILITY COMPANIES

**SPECIAL INSTRUCTIONS:** NONE

*\$1650.00*

RECEIVED  
02 APR 29 PM 1:07  
DIVISION OF CORPORATION