

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003830

1. Entity Name
DEVELOPMENT SERVICES GROUP, LLC



Principal Place of Business
500 AVIS DRIVE, SUITE 100
ANN ARBOR, MI 48108

Mailing Address
500 AVIS DRIVE, SUITE 100
ANN ARBOR, MI 48108

FILED
Jul 31, 2008 08:00 AM
Secretary of State



07112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3304392

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACOMBER, ROBERT
4805 INDEPENDENCE PKWY STE 250
TAMPA, FL 33634

**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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HAEUSSLER, JAMES G
STREET ADDRESS	500 AVIS DRIVE, SUITE 100
CITY - ST - ZIP	ANN ARBOR, MI 48108
TITLE	MGR
NAME	HENDERSON, WILLIAM C
STREET ADDRESS	500 AVIS DRIVE, SUITE 100
CITY - ST - ZIP	ANN ARBOR, MI 48108
TITLE	MGR
NAME	MACOMBER, ROBERT C
STREET ADDRESS	500 AVIS DRIVE, SUITE 100
CITY - ST - ZIP	ANN ARBOR, MI 48108
TITLE	MGR
NAME	MICHALAK, DENNIS J
STREET ADDRESS	500 AVIS DRIVE, SUITE 100
CITY - ST - ZIP	ANN ARBOR, MI 48108
TITLE	MGR
NAME	TIMMONS, RICHARD G
STREET ADDRESS	500 AVIS DRIVE, SUITE 100
CITY - ST - ZIP	ANN ARBOR, MI 48108
TITLE	MGR
NAME	WENZEL, BRIAN R
STREET ADDRESS	500 AVIS DRIVE, SUITE 100
CITY - ST - ZIP	ANN ARBOR, MI 48108

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07/31/08-80004-011 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

734 489 4200