

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000005989**

1. Entity Name

DTS & WINKELMANN, LLC



\*Principal Place of Business

62 COMMERCE AVENUE, SW - SUITE 200  
GRAND RAPIDS, MI 49503

Mailing Address

62 COMMERCE AVENUE, SW - SUITE 200  
GRAND RAPIDS, MI 49503



04282008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1897611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUBNER, JOSEPH  
7967 ROCKFORD ROAD  
BOYNTON BEACH, FL 33437

**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**  
**After May 1, 2008 Fee will be \$538.75**

U000000936993  
05/27/08-80032-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOBOTA, DAVID T
STREET ADDRESS	62 COMMERCE AVENUE, SW - SUITE 200
CITY- ST- ZIP	GRAND RAPIDS, MI 49503
TITLE	MGRM
NAME	WINKELMANN, BRIAN R
STREET ADDRESS	62 COMMERCE AVENUE, SW - SUITE 200
CITY- ST- ZIP	GRAND RAPIDS, MI 49503
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
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

4/25/08 616-451-4707  
Date Daytime Phone #