

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000177024

**Entity Name:** DSMT 595, LLC

**Current Principal Place of Business:**

716 SE EL DORADO PKWY  
CAPE CORAL, FL 33904

**Current Mailing Address:**

P O BOX 9229  
FT MYERS, FL 33902 US

**FEI Number:** 37-1748139

**Certificate of Status Desired:** No

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

SKINNER, KAREN A  
716 SE EL DORADO PKWY  
CAPE CORAL, FL 33904 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name SKINNER, KAREN A  
Address P O BOX 9229  
City-State-Zip: FT MYERS FL 33902

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN A. SKINNER

MGR

02/18/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date