

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000005561

**Entity Name:** DTS DT RETAIL LLC

**Current Principal Place of Business:**

350 NW 1ST AVE  
SUITE 200  
MIAMI, FL 33128

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**0676518747CC**

**Current Mailing Address:**

350 NW 1ST AVE  
SUITE 200  
MIAMI, FL 33128 US

**FEI Number:** 38-4003735

**Certificate of Status Desired:** No

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

BERGMANN, CYNTHIA  
350 NW 1ST AVE  
SUITE 200  
MIAMI, FL 33128 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:** CYNTHIA BERGMANN

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	VP, ASST. SECRETARY
Name	COBB, KOLLEEN
Address	350 NW 1ST AVE SUITE 200
City-State-Zip:	MIAMI FL 33128
Title	PRESIDENT
Name	GODDARD, PATRICK W.
Address	350 NW 1ST AVE SUITE 200
City-State-Zip:	MIAMI FL 33128
Title	VP, SECRETARY, GENERAL COUNSEL
Name	BERGMANN, CYNTHIA
Address	350 NW 1ST AVE SUITE 200
City-State-Zip:	MIAMI FL 33128

Title	VP
Name	GODOY, JUAN (RUSTY)
Address	350 NW 1ST AVE SUITE 200
City-State-Zip:	MIAMI FL 33128
Title	VP, CFO
Name	SWIATEK, JEFFREY C.
Address	350 NW 1ST AVE SUITE 200
City-State-Zip:	MIAMI FL 33128
Title	VP, CHIEF ACCOUNTING OFFICER
Name	YARRIS, CHRISTOPHER C.
Address	350 NW 1ST AVE SUITE 200
City-State-Zip:	MIAMI FL 33128

*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:** KOLLEEN O.P. COBB

VICE PRESIDENT

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date