

**2022 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M17000005561

**Entity Name:** DTS DT RETAIL LLC

**Current Principal Place of Business:**

350 NW 1ST AVE  
SUITE 200  
MIAMI, FL 33128

**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:**

COBB, KOLLEEN O.P.  
700 NW 1ST AVE.  
SUITE 1620  
MIAMI, FL 33136 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 VP, ASST. SECRETARY  
Name COBB, KOLLEEN  
Address 700 NW 1ST AVE.  
SUITE 1620  
City-State-Zip: MIAMI FL 33136

Title VP  
Name GODOY, JUAN (RUSTY)  
Address 700 NW 1ST AVE.  
SUITE 1620  
City-State-Zip: MIAMI FL 33136

Title PRESIDENT  
Name GODDARD, PATRICK W.  
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, SECRETARY, GENERAL COUNSEL  
Name BERGMANN, CYNTHIA  
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 COBB

VP

09/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date