

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000011080**

1. Entity Name

D.C.C. II, L.L.C.

FILED
Jun 26, 2002 8:00 am
Secretary of State

05-12-2002 90582 038 ****50.00

Principal Place of Business

Mailing Address

1150B EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 333091150B EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1130065

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEOPOLD, NORMAN ESQUIRE
LEOPOLD, KORN, LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD, SUITE 501
AVENTURA FL 33180

Name

ROBERT LECHTER

Street Address (P.O. Box Number is Not Acceptable)

1150 B E Hallandale Beach Blvd

City

Hallandale

FL

Zip Code

33009

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/02
DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Robert Lechter	1150-B East Hallandale Beach Blvd	Hallandale Beach, FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
Robert Lechter
Manager4-26-02 (954) 455-3660
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CP2E083 (9/01)