

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90422 050 \*\*\*\*50.00

**DOCUMENT # L03000026877**

1. Entity Name  
**DGMC, LLC**



Principal Place of Business Mailing Address  
1580 SAWGRASS CORPORATE PARKWAY, SUITE 130 1580 SAWGRASS CORPORATE PARKWAY, SUITE 130  
SUNRISE, FL 33323 SUNRISE, FL 33323

**20010775**



2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

02212006 Chg-LLC CR2E083 (11/05)

City & State City & State  
Zip Country Zip Country

4. FEI Number 06-1702171 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CAVALLERO, CONSUELO D  
11260 NW 58 TERR  
MIAMI, FL 33178

**7. Name and Address of New Registered Agent**

Name **MARIA GABRIELA LUGO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1591 PALERMO DRIVE**  
City **WESTON** FL Zip Code **33327**

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]* DATE **02/21/06**  
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006** **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDENAS, RICARDO		NAME		
STREET ADDRESS	1250 PLACID CT		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, RICARDO		NAME		
STREET ADDRESS	1871 SILVERBELL TERRACE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** Date Daytime Phone #