

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000011805

1. Entity Name
DGC LLC



Principal Place of Business
**11476 PINE STREET
JACKSONVILLE, FL 32258 US**

Mailing Address
**11476 PINE STREET
JACKSONVILLE, FL 32258 US**



02282006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0764294

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUDLEY, DANIEL P
11476 PINE STREET
JACKSONVILLE, FL 32258**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUDLEY, DANIEL P
STREET ADDRESS	11476 PINE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGR
NAME	DUDLEY, JUSTIN R
STREET ADDRESS	2891 EVERHOLLY LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGRM
NAME	DUDLEY, JOHN L
STREET ADDRESS	11478 PINE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGR
NAME	DUDLEY, SHILOH W
STREET ADDRESS	11478 PINE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGRM
NAME	DUDLEY, GARY L
STREET ADDRESS	11480 PINE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGR
NAME	DUDLEY, CALEB L
STREET ADDRESS	11480 PINE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32258

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03/23/06-80016-022 50.00

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IN THIS SPACE**

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: *Daniel P. Dudley*

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

3/8/06

Date

204-613-0237

Daytime Phone #