

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90159 013 ****50.00

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

00000100



04062007 No Chg-LLC

CR2E083 (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

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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 renewing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUDLEY, DANIEL P
11476 PINE STREET
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DUDLEY, JUSTIN R
2891 EVERHOLLY LANE
JACKSONVILLE, FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUDLEY, JOHN L
11478 PINE STREET
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DUDLEY, SHILOH W
11478 PINE STREET
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUDLEY, GARY L
11480 PINE STREET
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DUDLEY, CALEB L
11480 PINE STREET
JACKSONVILLE, FL 32258

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

4/6/07 (904) 613-0737

Date

Daytime Phone #

DANIEL P. DUDLEY