

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000055914

**Entity Name:** DC GAMA LLC

**Current Principal Place of Business:**

2001 BISCAYNE BLVD.  
SUITE 113  
MIAMI, FL 33137

**Current Mailing Address:**

2001 BISCAYNE BLVD.  
SUITE 113  
MIAMI, FL 33137 US

**FEI Number:** 47-3617225

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUSIE CHEMEN CONSULTING LLC  
20533 BISCAYNE BLVD.  
SUITE 1326  
AVENTURA, FL 33180 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 AMBR/MGR  
Name DEL CAMPO, GABRIEL A  
Address 2001 BISCAYNE BLVD.  
SUITE 113  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name GRRCIA MELLADO, GABRIELA I  
Address 2001 BISCAYNE BLVD.  
SUITE 113  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name DEL CAMPO GARCIA, AGOSTINA B  
Address 2001 BISCAYNE BLVD.  
SUITE 113  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name DEL CAMPO, ALEXANDRA N  
Address 2001 BISCAYNE BLVD.  
SUITE 113  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name DE LAS MERCEDES DEL CAMPO,  
MARIA  
Address 2001 BISCAYNE BLVD.  
SUITE 113  
City-State-Zip: MIAMI FL 33137

*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:** DEL CAMPO , GABRIEL

AMBR

02/18/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date