

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000055914

Entity Name: DC GAMA LLC**Current Principal Place of Business:**4010 SOUTH OCEAN DR.
SUITE 3802
HOLLYWOOD, FL 33019**Current Mailing Address:**4010 SOUTH OCEAN DR.
SUITE 3802
HOLLYWOOD, FL 33019 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 4010 SOUTH OCEAN DR.
SUITE 3802
City-State-Zip: HOLLYWOOD FL 33019

Title AMBR
Name GARCIA MELLADO, GABRIELA I
Address 4010 SOUTH OCEAN DR.
SUITE 3802
City-State-Zip: HOLLYWOOD FL 33019

Title AMBR
Name DEL CAMPO GARCIA, AGOSTINA B
Address 4010 SOUTH OCEAN DR.
SUITE 3802
City-State-Zip: HOLLYWOOD FL 33019

Title AMBR
Name DEL CAMPO, ALEXANDRA N
Address 4010 SOUTH OCEAN DR.
SUITE 3802
City-State-Zip: HOLLYWOOD FL 33019

Title AMBR
Name DE LAS MERCEDES DEL CAMPO,
MARIA
Address 4010 SOUTH OCEAN DR.
SUITE 3802
City-State-Zip: HOLLYWOOD FL 33019

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: DE LAS MERCEDES DEL CAMPO , MARIA

AMBR

03/11/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date