

**2024 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:** SUSANA CHEMEN

02/16/2024

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:** GARCIA MELLADO , GABRIELA I

AMBR

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date