

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000134228

**Entity Name:** DCM SOLUTIONS, LLC**Current Principal Place of Business:**3535 JUSTIN DRIVE  
PALM HARBOR, FL 34685**Current Mailing Address:**3535 JUSTIN DRIVE  
PALM HARBOR, FL 34685 US**FEI Number:** 84-1921175**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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  
Name CONNORS, KRISTINE  
Address 3535 JUSTIN DRIVE  
City-State-Zip: PALM HARBOR FL 34685

Title AMBR  
Name CONNORS, JAMES  
Address 3535 JUSTIN DRIVE  
City-State-Zip: PALM HARBOR FL 34685

Title AMBR  
Name HOELSCHER, VICTORIA  
Address 12006 TUSCANY BAY DRIVE  
204  
City-State-Zip: TAMPA FL 33626

Title AMBR  
Name GANCI, MICHAEL  
Address 12435 BERKLEY SQUARE  
City-State-Zip: TAMPA FL 33626

Title AMBR  
Name RAPHAN, GREG  
Address 1367 BRIARGROVE WAY  
City-State-Zip: OLDSMAR FL 34677

*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: KRISTINE CONNORS**

AMBR

01/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date