

2023 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: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 LUE, VICTORIA
Address 16042 SOFT FERN TRACE
City-State-Zip: ODESSA FL 33556

Title AMBR
Name GANCI, MICHAEL
Address 11519 CROWNED SPARROW LANE
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

02/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date