

**2020 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        3535 JUSTIN DRIVE  
City-State-Zip: PALM HARBOR FL 34685

Title            MBR  
Name            GANCI, MICHAEL  
Address        3535 JUSTIN DRIVE  
City-State-Zip: PALM HARBOR FL 34685

*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

**CEO**

**02/17/2020**

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

\_\_\_\_\_  
Date