

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004712

**Entity Name:** DCQ, LLC

**Current Principal Place of Business:**

1 HILLCREST CENTER DR  
OXYGEN RECOVERY GROUP SUITE 314  
SPRING VALLEY , NY 10977

**Current Mailing Address:**

1 HILLCREST CENTER DR  
OXYGEN RECOVERY GROUO SUITE 314  
SPRING VALLEY , NY 10977 US

**FEI Number:** 27-0997903

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MR  
Name ABENSON, JONATHAN  
Address 1 HILLCREST CENTER DR  
SUITE 314  
City-State-Zip: SPRING VALLEY NY 10977

*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:** JONATHAN ABENSON

**PRESIDENT**

**04/20/2015**

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

\_\_\_\_\_  
Date