

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1100000655

**Entity Name:** DG BROOKSVILLE LLC

**Current Principal Place of Business:**

275 COLERIDGE STREET  
BROOKLYN, NY 11235

**Current Mailing Address:**

275 COLERIDGE STREET  
BROOKLYN, NY 11235

**FEI Number:** 27-4745385

**Certificate of Status Desired:** No

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

CHERNOY, LEONID  
1800 S OCEAN DRIVE  
UNIT 3003  
HALLANDALE BEACH, FL 33009 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:** LEONID CHERNOY

01/10/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name ADELEN HOLDING, LLC  
Address 275 COLERIDGE STREET  
City-State-Zip: BROOKLYN NY 11235

Title MANAGER  
Name CHERNOY, ADELLA  
Address 275 COLERIDGE STREET  
City-State-Zip: BROOKLYN NY 11235

Title MANAGER  
Name CHERNOY, LEONID  
Address 275 COLERIDGE STREET  
City-State-Zip: BROOKLYN NY 11235

Title TRUSTEE  
Name CHERNOY, DAVID  
Address 275 COLERIDGE STREET  
City-State-Zip: BROOKLYN NY 11235

Title TRUSTEE  
Name CHERNOY, RINA  
Address 275 COLERIDGE STREET  
City-State-Zip: BROOKLYN NY 11235

Title TRUSTEE  
Name CHERNOY, ADELLA  
Address 275 COLERIDGE STREET  
City-State-Zip: BROOKLYN NY 11235

Title TRUSTEE  
Name CHERNOY, LEONID  
Address 275 COLERIDGE STREET  
City-State-Zip: BROOKLYN NY 11235

*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:** LEONID CHERNOY

MANAGER

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date