

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1100000671

FILED
Jan 08, 2013
Secretary of State
CC8319144063

Entity Name: DG GAINESVILLE LLC

Current Principal Place of Business:

275 COLERIDGE STREET
BROOKLYN, NY 11235

Current Mailing Address:

275 COLERIDGE STREET
BROOKLYN, NY 11235

FEI Number: 27-4745516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

3003-2410 LLC
1800S 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:

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

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

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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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEONID CHERNOY

MANAGER

01/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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