## **2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000000901

Entity Name: DG MIMS US 1, LLC.

**Current Principal Place of Business:** 

275 COLERIDGE STREET BROOKLYN. NY 11235

Current Mailing Address:

275 COLERIDGE STREET BROOKLYN, NY 11235

FEI Number: 27-4745551 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

FILED Jan 08, 2013

**Secretary of State** 

CC5647144153

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, LEONID

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, LEONID

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 TRUSTEE

Name CHERNOY, DAVID

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

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