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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DC HOLDINGS, LLC (Name of Lim	nited Liabili	ty Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change	and fee(s) are subm	itted for filing.	
Please return all correspondence concerning thi	is matter to	the following:		
David M. Saslow, Esq. (Name of Person) Bayfront Holdings, LLC		 .	2006 OCT 31 PO SECRETARY OF TALLAHASSEE.F	TEMO
(Firm/Company) 1358 Fruitville Road, Suite 210 (Address)		-	P 2: 16 OF STATE E. FLORIDA	O
Sarasota, FL 34236				
(City/State and Zip Code)		_		
For further information concerning this matter,	please call:			
David M. Saslow, Esq. a (Name of Person)	at (<u>941</u>	364-8180 Ext. Area Code & Dayti		Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 3231	4	
Enclosed is a check for the following a	amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability comp	oany is: DC HOLDINGS, LLC		
2. The mailing address o	f the limited liab	oility company is: 1358 Fruitville Ro	ad, Suite 210	
Sarasota, FL 34236				<u> </u>
09/19/2001		L01000016119		
3. Date of filing/registrat	4. Document n	4. Document number		
5. The name of the register Florida Department of	ered agent and th State:	ne registered office address as show	n on the records	of the
•	Daniel Prewe	ett		
	5777 RENEVA	Name A ROAD SOUTH	Tr. E	
	OTT DERENT	Address	7001 OCT 31 SECRETAR TALLAHASS	-11
	Sarasota, FL 3		목 목	-
		City, State and Zip	— 855 3 3	
6. The name and address	of the new regis	tered agent and/or office:	Y OF TO	TILED
	David M. Sasi	ow, Esq.	ST S	
		Name	一器。	
	1358 Fruitville	Road, Suite 210	- P	·.
	Florida street	address (P.O. Box NOT acceptable	:)	
	Sarasota	FL 34236		•
		City, State and Zip		
confirmed that after the c and the business office of liability company, it is he of the members of the lir or the operating agreemen	hange or change the registered a reby confirmed nited liability co nt of the limited	anized under the laws of the State or sare made, the Florida street addressent will be identical. Or, in the cathat the change(s) was/were authorismpany or as otherwise provided in liability company.	ss of the register se of a Florida li ized by an affirm	red office imited native vote
(Signature of a member or author	ized representative of	f a member)		
David L. Chessler				
(Printed or typed name of signee)				
$-/\Lambda_{\Lambda_{\Lambda_{\Lambda_{\Lambda_{\Lambda_{\Lambda_{\Lambda_{\Lambda_{\Lambda_{\Lambda_{\Lambda_{\Lambda_{\Lambda$	intment as regis is of all statutes If accept the obl this document is that the limited	tered agent and agree to act in this relative to the proper and complete igations of my position as registere being filed to merely reflect a chan liability company has been notified	capacity. I furth performance of d agent as provi ge in the registe l in writing of th	her agree to my duties, ded for in red office is change.
(Signature of Registered Agent)				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00