

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90088 042 ***158.75

DOCUMENT # L01000018056

1. Entity Name
DCS-1 GROUP, LLC



Principal Place of Business
701 BRICKELL AVE
STE 850
MIAMI, FL 33131

Mailing Address
701 BRICKELL AVE
STE 850
MIAMI, FL 33131

20006056



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
65-1151587

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEOFFREY M. WAYNE, P.A.
1201 BRICKELL AVE.
SUITE 200
MIAMI, FL 33131

Name **ULLOA, CARLOSE.**

Street Address (P.O. Box Number is Not Acceptable)

701 BRICKELL AVENUE SUITE 850

City **MIAMI**

FL

Zip Code **33131**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X** **02/06/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
CASAS, RAFAEL
701 BRICKELL AVE # 850
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ULLOA, CARLOS
701 BRICKELL AVE # 850
MIAMI, FL 33131 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

CARLOS E. ULLOA

02/06/06 (305) 3712776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #