

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/5

**FILED**  
**Sep 25, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92175 022 \*\*\*\*50.00

**DOCUMENT # L02000004898**

1. Entity Name  
**DMECA, LLC**



Principal Place of Business  
**2441 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114**

Mailing Address  
**2441 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114**

**55057068**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3642394**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTHER, MICHAEL  
2441 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PANAGGIO, MICHAEL  
2441 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALTHER, MICHAEL  
2441 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MCGRATH, DAVID  
2441 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
EPPERSON, BRIAN  
2423 CAMINO DEL RIO SOUTH, SUITE 208  
SAN DIEGO CA 92108** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

**SIGNATURE REQUIRED MICHAEL PANAGGIO**

**4/29/03**

**(386) 271-3068**

Date

Daytime Phone #

CR2E083 (10/02)