


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90248 044 ****55.00

DOCUMENT # **L02000015876**
1. Entity Name **DC BRANDS, LLC**



40016707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3296 NW 62ND ST**
Suite, Apt. #, etc.

3. Mailing Address **3296 NW 62ND ST**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **BOCA RATON, FL** City & State **BOCA RATON, FL**

4. FEI Number **32-0027337** Applied For Not Applicable

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

Zip **33496** Country **USA** Zip **33496** Country **USA**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **STEPHEN C. HALEY**

Street Address (P.O. Box Number is Not Acceptable) **3296 NW 62ND ST**

City **BOCA RATON, FL** Zip Code **33496**

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 *Stephen C. Haley* DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHEN C. HALEY 3296 NW 62ND ST BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TONY SANTINI 341 WEAKLEY CREEK ROAD LAWRENCEBURG, TN 38464-2331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCILLE M. SANTINI 341 WEAKLEY CREEK ROAD LAWRENCEBURG, TN 38464-2331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTINI CORPORATION 2397 HWY 43 SOUTH LEOMA, TN 38468-5209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/02)

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 606, Florida Statutes.

SIGNATURE: *Stephen C. Haley* **STEPHEN C. HALEY** 1/17/03 (561) 994-0209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #