LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State
04-28-2003 91003 014 ****50.00

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DOCUMENT # L02000034964

1. Entity Name

DEC HOLDINGS, L.L.C.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1515 INDIAN RIVER BLVD.
Suite, Apt. #, etc.
SUITE A210
City & State
VERO BEACH, FL
Zip 32960 Country USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
DEC Consultants Inc.
Street Address (P.O. Box Number is Not Acceptable)
1515 INDIAN RIVER BLVD.
SUITE A 210
City VERO BEACH FL Zip Code 32960

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 PRESIDENT 2-24-03
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MEMBER MANAGER
NAME	RAPPEL, ROBERT
STREET ADDRESS	1515 INDIAN RIVER BLVD, STE A210
CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	MEMBER MANAGER
NAME	RAPPEL, CRAIG
STREET ADDRESS	1515 INDIAN RIVER BLVD, STE A210
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: Managing Member 2-24-03 772.778.8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #