

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000038

FILED
Apr 05, 2011
Secretary of State

Entity Name: DIMENSION CAPITAL MANAGEMENT LLC

Current Principal Place of Business:

701 BRICKELL AVENUE STE. 850
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVENUE STE. 850
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0781641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TORRES, ONOFRE
701 BRICKELL AVENUE STE. 850
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DUEÑAS, MIGUEL F
701 BRICKELL AVENUE STE. 850
MIAMI, FL 33131 US

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.

SIGNATURE: MIGUEL F DUEÑASW

04/05/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D
Name: DUEÑAS, MIGUEL F
Address: 701 BRICKELL AVE STE 850
City-St-Zip: MIAMI, FL 33131 US

Title: D
Name: KUESTERMANN, PETER
Address: DIAGONAL 6, #10-31 ZONE 10
City-St-Zip: GUATEMALA CITY,, XX

Title: D
Name: TOVAR, ALEJANDRO
Address: 520 BRICKELL KEY DR., APT 714
City-St-Zip: MIAMI, FL 33131

Title: D
Name: RODRIGUEZ, CRISTIAN
Address: DIAGONAL 6, #10-31, ZONE 10
City-St-Zip: GUATEMALA CITY,, XX

Title: D
Name: HERRERA, RITA
Address: DIAGONAL 6, #10-31, ZONE 10
City-St-Zip: GUATEMALA CITY,, XX

Title: D
Name: MINONDO, ANTONIO
Address: DIAGONAL 6, #10-31, ZONE D10
City-St-Zip: GUATEMALA CITY, GU GU

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MIGUEL F DUEÑAS

D

04/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date