

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000038

FILED
Feb 07, 2012
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:

1221 BRICKELL AVENUE STE. 2450
MIAMI, FL 33131

Current Mailing Address:

701 BRICKELL AVENUE STE. 850
MIAMI, FL 33131

New Mailing Address:

1221 BRICKELL AVENUE STE. 2450
MIAMI, FL 33131

FEI Number: 65-0781641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DUENAS, MIGUEL F
Address: 1221 BRICKELL AVE STE 2450
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: DUENAS, ALEJANDRO A
Address: 2600 DOUGLAS RD, SUITE 1104
City-St-Zip: CORAL GABLES, FL 33134

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. DUENAS

MGR

02/07/2012

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