

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000003668

1. Entity Name
DCM, LLC



Principal Place of Business
500 CALLE GRANDE
ORMOND BEACH, FL 32174 US

Mailing Address
ERIC MEYERS
500 CALLE GRANDE
ORMOND BEACH, FL 32174 US



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2312961	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYERS, ERIC
500 CALLE GRANDE AVE.
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUPUIS, GARY MEMBER 276 VAN HOOK RD. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYERS, ERIC MEMBER 500 CALLE GRANDE AVE. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMBERLAIN, NORM MEMBER 500 CALLE GRANDE AVE. ORMOND BEACH, FL 32174
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IN THIS SPACE**

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

Eric Meyers

1-24-05

386-677-2464

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

Date

Daytime Phone #