

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 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



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2312961

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees 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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000782106
01/15/08-80061-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEYERS, ERIC MEMBER
STREET ADDRESS	500 CALLE GRANDE AVE.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	CHAMBERLAIN, NORM MEMBER
STREET ADDRESS	500 CALLE GRANDE AVE.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

1-9-08

Date

386-677-2464

Daytime Phone #