

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007463

1. Entity Name
DCGG, LLC



Principal Place of Business
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

Mailing Address
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06172004

Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1002469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEE, FRANK H III, ESQ
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

BK

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

06/17/04

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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.

Frank H. Fee, III, Authorized Representative

SIGNATURE:

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

06/17/04

Date

772-461-5020

Daytime Phone #

FILED
04 JUN 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC **L03000007463**
CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 762322 10268A

AUTHORIZATION :

COST LIMIT : \$ 55.00

Patricia Pijet

ORDER DATE : June 18, 2004

ORDER TIME : 11:02 AM

ORDER NO. : 762322-005

CUSTOMER NO: 10268A

CUSTOMER: Lisa L. Bolton
Fee & Koblegard, P.a.
401 South Indian River Drive
Ft. Pierce, FL 34950

PK

ANNUAL REPORT FILING

NAME: DCGG, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext. 2949

EXAMINER'S INITIALS: _____

FILED
04 JUN 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 JUN 18 PM 12:48
DEPT. TREAS. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA