2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 26, 2007 8:00 am Secretary of State DOCUMENT # L03000019814 1. Entity Name 02-26-2007 90310 019 ****50 00 DLC CAPITAL HOLDINGS, LLC Principal Place of Business Mailing Address 2447 COUNTRY GOLF DRIVE WELLINGTON FL 33414 ~~~~~~~~ 2447 COUNTRY GOLF DRIVE WELLINGTON FL 33414 2. Principal Place of Business - No P.O Box # Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State 4. FEI Number Applied For 20-0682761 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE LAS CUEVAS, LIZ Street Address (P.O. Box Number is Not Acceptable) 2447 COUNTRY GOLF DRIVE WELLINGTON FL 33414 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, typed or printed name of registered agent and tills if applicable (NOT) Registered Agent signature required when reinstating; FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES $\mathbf{H}\mathbf{H}$ HIII MGR Delete ☐ Change Addition NAM DE LAS CUEVAS, MARIO E NAME STREET ADDRESS STREET ADDRESS 2447 COUNTRY GOLF DRIVE CHY: ST-ZIP WELLINGTON FL 33414 CHY ST ZIP THIE ☐ Delete TITLE Addition NAMI STREET ADDRESS STREET ADDRESS CHY-SI-70 CHY ST ZIP HH 1110 ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CHY-SE-ZE CITY ST ZIP DOLL ☐ Delete пп ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-7IP CHY ST ZIP ☐ Delete HILE Change Addition NAM NAMI SIRIET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST ZIP mu ☐ Delete JIH Change ■ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trusted compowered to execute this report as required by Chapter 608, Florida Statutes.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #