

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031201

1. Entity Name
THE DC GROUP, LLC



FILED

07 SEP 17 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1835 NE MIAMI GARDENS DRIVE
#286
NORTH MIAMI BEACH, FL 33179 US

Mailing Address
1835 NE MIAMI GARDENS DRIVE
#286
NORTH MIAMI BEACH, FL 33179 US

2. Principal Place of Business - No P.O. Box #
1051 S.W. 8th Avenue

3. Mailing Address
1051 S.W. 8th Avenue



07132007 Chg-LLC CR2E083 (12/06)

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33130

Country
USA

Zip
33130

Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTENSEN, DEANNA M
1835 NE MIAMI GARDENS DRIVE
#286
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
1051 S.W. 8th Avenue

City
MIAMI

FL Zip Code
33130

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 DEANNA CHRISTENSEN

9-14-07

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 September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CHRISTENSEN, DEANNA M
680 NE 50 TERRACE
MIAMI, FL 33137

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Deanna Christensen
1051 S.W. 8th Avenue
MIAMI, FL 33130

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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09/21/07--01067--006 **55.00

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Deanna Christensen 9-14-07 305 305-9456

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

Date

Daytime Phone #