

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013046

Entity Name: DLC, LLC

FILED  
Apr 04, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O 1101 BRICKELL AVENUE  
M-101  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1101 BRICKELL AVENUE  
M-101  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 14-1903170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVARO CASTILLO B, P.A.  
1390 BRICKELL AVE, STE 200  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALBARRAN, ARIANA  
Address: C/O 1390 BRICKELL AVE, STE 200  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: DE LA VEGA, EDUARDO  
Address: C/O 1390 BRICKELL AVE, STE 200  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALBARRAN, ARIANA  
Address: C/O 1101 BRICKELL AVE, STE M-101  
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Change ( ) Addition  
Name: DE LA VEGA, EDUARDO  
Address: C/O 1101 BRICKELL AVE, STE M-101  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDUARDO DE LA VEGA

MGR

04/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date