

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031092

Entity Name: DCB, LLC

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

3605 SPARROW HAWK TRIAL
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

3605 SPARROW HAWK TRIAL
MIMS, FL 32754

New Mailing Address:

FEI Number: 51-0540003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUMAN, MARK D
1800 WEST HIBISCUS BOULEVARD STE. 138
MELBOURNE, FL 32901 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: VP () Delete
Name: TINDALL, BRIAN
Address: TIGER LANE
City-St-Zip: MIMS, FL 32754

Title: T () Delete
Name: TINDALL, DARLENE
Address: TIGAR LANE
City-St-Zip: MIMS, FL 32754

Title: P () Delete
Name: EDWARDS, DANIEL J
Address: 3605 SPARROW HAWK TRAIL
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: TINDALL, BRIAN
Address: 4880 TIGER LANE
City-St-Zip: MIMS, FL 32754

Title: T (X) Change () Addition
Name: TINDALL, DARLENE
Address: 4880 TIGER LANE
City-St-Zip: MIMS, FL 32754

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL J. EDWARDS

P

03/29/2007

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