

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90038 020 ***138.75

DOCUMENT # L04000040143

1. Entity Name
DMC, LLC



Principal Place of Business
6925 NW 52ND STREET
MIAMI, FL 33166

Mailing Address
6925 NW 52ND STREET
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1216718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNEY, MARTHA
6925 NW 52ST
MIAMI, FL 33166

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IN THIS SPACE**

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)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME YAGHOUBL, CECILIA
STREET ADDRESS 6925 NW 52ND STREET
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGR
NAME MANZANO, DIANA
STREET ADDRESS 6925 NW 52ND STREET
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGR
NAME BERNEY, MARTHA
STREET ADDRESS 6925 NW 52ND STREET
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

Date _____

Daytime Phone # _____