

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000043664

1. Entity Name
D C ENTERPRISES OF TAMPA BAY L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:01

Principal Place of Business
533 28TH STREET SOUTH
ST. PETERSBURG, FL 33712

Mailing Address
533 28TH STREET SOUTH
ST. PETERSBURG, FL 33712

DO NOT WRITE IN THIS SPACE

07072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2417747

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BYNUM, CORNELL
534 28TH STREET SOUTH
ST. PETERSBURG, FL 33712

**DO NOT WRITE
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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BYNUM, CORNELL
STREET ADDRESS 145 24TH AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 33705

TITLE MGRM
NAME BYNUM, DWIGHT
STREET ADDRESS 3100 39TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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09/20/06--01052--007 **50.00

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

Date

Daytime Phone #