

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-24-2005 90204 046 ****50.00

DOCUMENT # L04000053762 1. Entity Name DCC GROUP, LLC					
Principal Place of Business 7501 SOUTH TAMiami TRAIL UNIT E SARASOTA, FL 34231 US			Mailing Address 7501 SOUTH TAMiami TRAIL UNIT E SARASOTA, FL 34231 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3785695	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLOORING WAREHOUSE GROUP, INC 7501 SOUTH TAMiami TRAIL UNIT E SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renouncing) Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLOORING WAREHOUSE INC ☐ Delete 7501 SOUTH TAMiami TRAIL UNIT E SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLOORING WAREHOUSE INC ☐ Change ☐ Addition 7501 SOUTH TAMiami TRAIL UNIT E SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND EXPIRED OR PRINTED NAME OF EXPIRING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3/2/05 Daytime Phone # 941-922-4315		