

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90283 002 ****55.00

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03012007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000014158 1. Entity Name DCC HOLDINGS, LLC			
Principal Place of Business 2477 NW 97 AVENUE MIAMI, FL 33172		Mailing Address 3280-55A TAMiami TRAIL #307 PORT CHARLOTTE, FL 33952	
2. Principal Place of Business - No P.O. Box # 14801 Palm Beach Blvd.		3. Mailing Address 14801 Palm Beach Blvd.	
Suite/Apt. #, etc. 100A		Suite/Apt. #, etc. 100A	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33905		Zip 33905	
Country 		Country 	
4. FEI Number 74-3139680		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWIN, SANTANA G 2477 NW 97 AVENUE PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name Edwin G. Santana Street Address (P.O. Box Number is Not Acceptable) 18416 Monet Avenue City Port Charlotte FL Zip Code 33948	
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 Edwin G. Santana 3/1/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTANA, EDWIN G 3280-55A TAMiami TRAIL, #307 PORT CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Santana, Edwin G. 18416 Monet Avenue Port Charlotte, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVOODI, MAHMOOD 3280-55A TAMiami TRAIL, #307 PORT CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Davoodi, Mahmood 1454 Fairfax Place DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Edwin G. Santana 3/1/07 941-628-1868		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	