

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90306 014 ****50.00

DOCUMENT # L05000060349

1. Entity Name
DC EMPLOYEES, LLC



Principal Place of Business
**2806 US HIGHWAY 90 WEST, SUITE 101
LAKE CITY, FL 32055**

Mailing Address
**2806 US HIGHWAY 90 WEST, SUITE 101
LAKE CITY, FL 32055**



03132007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
164 NW MADISON ST

3. Mailing Address
PO BOX 3659

Suite, Apt. #, etc.
SUITE 102

Suite, Apt. #, etc.

City & State
LAKE CITY FL

City & State
LAKE CITY FL

Zip
32055 Country
USA

Zip
32056 Country
USA

4. FEI Number
20-3009688

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAPPS, DANIEL
2806 US HIGHWAY 90 WEST, SUITE 101
LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
164 NW MADISON ST

SUITE 102

City
LAKE CITY

FL

Zip Code
32055

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM
NAME
CRAPPS, DANIEL
STREET ADDRESS
PO BOX 3659
CITY-ST-ZIP
**2806 US HIGHWAY 90 WEST, SUITE 101
LAKE CITY, FL 32055-32056**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

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

DANIEL CRAPPS MANAGER

Date

Daytime Phone #

3/15/07 386-755-5110