

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000073983

1. Entity Name
DCKM, LLC



Principal Place of Business
26 8TH STREET
BONITA SPRINGS, FL 34134

Mailing Address
26 8TH STREET
BONITA SPRINGS, FL 34134



03252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3981270

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENS, GARY M
26 8TH STREET
BONITA SPRINGS, FL 34134

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STEVENS, GARY M
STREET ADDRESS	26 8TH STREET
CITY-ST-ZIP	BONITA SPRINGS, FL 34134

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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04/05/07-80019-011 50.00

**DO NOT WRITE
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: *Gary M Stevens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-25-07

Date

239-547-1113

Daytime Phone #