

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90173 030 ***150.00

DOCUMENT # L05000096724

1. Entity Name
DC GROUP HOLDINGS, LLC



Principal Place of Business
1219 US HWY 301 NORTH, SUITE A
TAMPA, FL 33619

Mailing Address
1219 US HWY 301 NORTH, SUITE A
TAMPA, FL 33619



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0338673

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARR, DAVID
600 MADISON STREET
TAMPA, FL 33602
501 NORTH MORGAN STREET, SUITE 203
TAMPA, FLORIDA 33602

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME TURBEVILLE, DEWEY
STREET ADDRESS 1219 US HWY 301 NORTH, SUITE A
CITY-ST-ZIP TAMPA, FL 33619

TITLE MGRM
NAME FRIEND, LEWIS C
STREET ADDRESS 1219 US HWY 301 NORTH, SUITE A
CITY-ST-ZIP TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/3

8136262545

Date

Daytime Phone #