

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102540

Entity Name: DC ACCOUNTING, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2601 S. BAYSHORE DRIVE
SUITE 1475
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2601 S. BAYSHORE DRIVE
SUITE 1475
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 20-3726793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISSLER, ROBERT I
150 WEST FLAGLER STREET, 2200 MUSEUM TOWER
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUDDEMEYER, DAVID
Address: 11780 N. US HIGHWAY 1, SUITE 400
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR () Delete
Name: DIAZ, CHARLES
Address: 11780 N. US HIGHWAY 1, SUITE 400
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR () Delete
Name: RODRIGUEZ, CARLOS
Address: 2601 S. BAYSHORE DRIVE, SUITE 1475
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID BUDDEMEYER

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date