

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000011276

FILED
Jun 08, 2009
Secretary of State**Entity Name:** DC MANAGEMENT OF SOUTH FLORIDA, LLC**Current Principal Place of Business:**6171 SW 1ST STREET
PLANTATION, FL 33317**New Principal Place of Business:****Current Mailing Address:**6171 SW 1ST STREET
PLANTATION, FL 33317**New Mailing Address:****FEI Number:** 65-1266696**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARSELLO, DANIEL
6171 SW 1ST STREET
PLANTATION, FL 33317 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: CARSELLO, DANIEL
Address: 6171 SW 1ST STREET
City-St-Zip: PLANTATION, FL 33317**Title:** MGRM () Delete
Name: CARSELLO, BELKIS
Address: 6171 SW 1ST STREET
City-St-Zip: PLANTATION, FL 33317**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SEC () Change (X) Addition
Name: HERNANDEZ, ALBERTO
Address: 4012 CEDAR CREEK RANCH CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

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: DANIEL CARSELLO

MGR

06/08/2009

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