

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069161

Entity Name: DCML ENTERPRISES, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

4081 CHULUOTA RD.
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 249
CHRISTMAS, FL 327090249

New Mailing Address:

FEI Number: 20-4986250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKHART, DAVID C
28501 E HIGHWAY 50
CHRISTMAS, FL 32709 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: MGRM () Delete
Name: LOCKHART, DAVID C
Address: 28501 E HWY 50
City-St-Zip: CHRISTMAS, FL 32709

Title: MGRM () Delete
Name: LOCKHART, JUDY A
Address: 28501 E HWY 50
City-St-Zip: CHRISTMAS, FL 32709

Title: MGRM () Delete
Name: LOCKHART, DERRICK M
Address: 28501 E HWY 50
City-St-Zip: CHRISTMAS, FL 32709

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: LOCKHART, JUDY A
Address: 28501 E HWY 50
City-St-Zip: CHRISTMAS, FL 32709

Title: MGR (X) Change () Addition
Name: LOCKHART, DERRICK M
Address: 28501 E HWY 50
City-St-Zip: CHRISTMAS, FL 32709

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 C LOCKHART

MGRM

04/27/2009

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