


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90031 030 \*\*\*\*55.00

<b>DOCUMENT # L06000078130</b> 1. Entity Name D.C. ENTERPRISES OF CENTRAL FLORIDA, LLC	
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Principal Place of Business 2764 S HURON ST DELTONA, FL 32738 US	Mailing Address 2764 S HURON ST DELTONA, FL 32738 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 390478
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State DELTONA, Florida
Zip	Country
32739-0478	US



04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5834749	Applied For Not Applicable
5. Certificate of Status Desired X \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMACHO, JOSE D 2764 S HURON ST DELTONA, FL 32738	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMACHO, JOSE D 2764 S HURON ST DELTONA, FL 32738 US <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/07 (407-443-0445)

Date

Daytime Phone #