

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000118479

FILED
Jul 02, 2008
Secretary of State**Entity Name:** DC WEALTH LLC**Current Principal Place of Business:**1634 LITTLE HARBOR POINTE
104
LEESBURG, FL 34748**New Principal Place of Business:**1736 SPLIT FORK DRIVE
OLDSMAR, FL 34677**Current Mailing Address:**1634 LITTLE HARBOR POINTE
104
LEESBURG, FL 34748**New Mailing Address:**1736 SPLIT FORK DRIVE
OLDSMAR, FL 34677**FEI Number:** 51-0614607**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SHAH, SHRENIK
615 E ROSEWOOD LN
TAVARES, FL 32778 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: CHERUKULA, JAIDEPMUNI M
Address: 1634 LITTLE HARBOR POINTE #104
City-St-Zip: LEESBURG, FL 34748**Title:** MGRM (X) Delete
Name: KOTA, RATNAKAR
Address: 1736 SPLIT FORK DRIVE
City-St-Zip: OLDSMAR, FL 34677**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: KOTA, RATNAKAR
Address: 1736 SPLIT FORK DRIVE
City-St-Zip: OLDSMAR, FL 34677**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: RATNAKAR KOTA

MGRM

07/02/2008

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