2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L07000019777

Entity Name: DC MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

12604 PORT MARNOCK DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

12604 PORT MARNOCK DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-8486931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DORNER, JOESPH P
416 6TH AVENUE NORTH
TIERRA VERDE, FL 33715 US

Name and Address of New Registered Agent:

DORNER, JOSEPH P
416 6TH AVENUE NORTH
TIERRA VERDE, FL 33715 US

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: JOSEPH DORNER 04/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DORNER, JOESPH P
Address: 416 6TH AVENUE NORTH
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGRM ( ) Delete
Name: COLE, WILLIAM
Address: 12604 PORT MARNOCK DRIVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DORNER, JOSEPH P
Address: 416 6TH AVENUE NORTH
City-St-Zip: TIERRA VERDE, FL 33715

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: JOSEPH DORNER MGRM 04/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date