

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000947

Entity Name: DCM & ASSOCIATES LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4612 N 20TH ST  
TAMPA, FL 33610

**New Principal Place of Business:**

7207 N. GLEN AVENUE  
TAMPA, FL 33614

**Current Mailing Address:**

4612 N 20TH ST  
TAMPA, FL 33610

**New Mailing Address:**

7207 N. GLEN AVENUE  
TAMPA, FL 33614

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCPHERSON, DEVONNE C  
4612 N 20TH ST  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

MCPHERSON, DEVONNE C  
7202 N. GLEN AVENUE  
TAMPA, FL 33614 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: DEVONNE MCPHERSON

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCPHERSON, DEVONNE C  
Address: 4612 N 20 TH ST  
City-St-Zip: TAMPA, FL 33610

I hereby 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: DEVONNE MCPHERSON

MGM

04/30/2010

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