

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000124504

Entity Name: DCL, LLC

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10827 BREAKING ROCKS DR  
TAMPA, FL 33647

**New Principal Place of Business:**

1108 SOUTH DALE MABRY HWY  
LOFT # 6  
TAMPA, FL 33629

**Current Mailing Address:**

10827 BREAKING ROCKS DR  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 27-4270357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LLOYD, DANIELLE  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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  
Name: LLOYD, DANIELLE C  
Address: 10827 BREAKING ROCKS DR  
City-St-Zip: TAMPA, FL 33647

Title: MGRM  
Name: COLLINS, PETER D  
Address: 10827 BREAKING ROCKS DR  
City-St-Zip: TAMPA, FL 33647

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: DANIELLE LLOYD

MGRM

04/01/2012

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