

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000126023

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** DNK PROCM LLC

**Current Principal Place of Business:**

625 N FLAGLER DRIVE  
SUITE 675  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

525 OKEECHOBEE BLVD.  
SUITE 1650  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

625 N FLAGLER DRIVE  
SUITE 675  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

525 OKEECHOBEE BLVD.  
SUITE 1650  
WEST PALM BEACH, FL 33401

**FEI Number:** 27-4185199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEINER, SHARON  
625 N FLAGLER DRIVE  
SUITE 675  
WEST PALM BEACH, FL 33401 US

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

BEINER, SHARON  
525 OKEECHOBEE BLVD.  
SUITE 1650  
WEST PALM BEACH, FL 33401 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:

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KHOURY, DAVID N  
Address: 115 NIGHTINGALE TRAIL  
City-St-Zip: PALM BEACH, FL 33480

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: SHARON BEINER

RA

04/30/2012

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