

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000143524

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** DCFC, PL

**Current Principal Place of Business:**

630 HWY 17-92 WEST  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1388  
HAINES CITY, FL 33845 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

THE LAW OFFICE OF KENNETH C HUTTO PA  
842 S MISSOURI AVE  
LAKELAND, FL 33815 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: ZITO, DANNY  
Address: 630 US HWY 17-92 W  
City-St-Zip: HAINES CITY, FL 33844 US

Title: MGRM  
Name: ZITO, CONSTANCE B  
Address: 630 US HWY 17-92 W  
City-St-Zip: HAINES CITY, FL 33844

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: DANNY E ZITO

MGRM

02/28/2012

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