

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002504

Entity Name: DCIP, LLC

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

26750 US HWY 19 N  
CLEARWATER, FL 34619

**New Principal Place of Business:**

**Current Mailing Address:**

13555 BISHOPS COURT  
STE 345  
BROOKFIELD, WI 53005

**New Mailing Address:**

FEI Number: 26-2666628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: KEIERLEBER, JEFFREY  
Address: 240 BAYSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33767

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: /S/ JEFFREY KEIERLEBER

MGR

03/16/2012

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