I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

AMM

SIGNATURE: BELKIS CARSELLO

Electronic Signature of Signing Authorized Person(s) Detail

6171 SW 1ST STREET

Entity Name: DC MANAGEMENT OF SOUTH FLORIDA, LLC

FEI Number: 65-1266696

Name and Address of Current Registered Agent:

CARSELLO, BELKIS 6171 SW 1ST STREET PLANTATION, FL 33317 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED MEMBER, MANAGER
Name	CARSELLO, DANIEL	Name	CARSELLO, BELKIS
Address	6171 SW 1ST STREET	Address	6171 SW 1ST STREET
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317

Current Principal Place of Business:

6171 SW 1ST STREET PLANTATION. FL 33317

Current Mailing Address:

DOCUMENT# L06000011276

PLANTATION. FL 33317

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

FILED Feb 27, 2015 Secretary of State CC5025505255

Date

02/27/2015 Date