

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000066528

**FILED**  
**Feb 15, 2016**  
**Secretary of State**  
**CC1280022111**

**Entity Name:** D C TEAM REFERRAL NETWORK LLC

**Current Principal Place of Business:**

735 ARLINGTON AVE.  
SUITE 213  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

3820 46TH AVE S  
ST PETERSBURG, FL 33711 US

**FEI Number:** 45-5287985

**Certificate of Status Desired:** Yes

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

GRICE, NORWOOD S  
3820 46TH AVE S  
ST PETERSBURG, FL 33711 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            GRICE, NORWOOD S  
Address        3820 46TH AVE S  
City-State-Zip: ST PETERSBURG FL 33711

Title            DIRECTOR  
Name            CUNNINGHAM, DEBRA E  
Address        735 ARLINGTON AVE., #213  
City-State-Zip: ST. PETERSBURG FL 33701

Title            VP  
Name            CURRY, CHERYL E  
Address        735 ARLINGTON AVE.  
                 SUITE 213  
City-State-Zip: ST PETERSBURG FL 33701

*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.*

**SIGNATURE:** NORWOOD S. GRICE

**PRESIDENT**

**02/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date