

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000094511

**Entity Name:** DCCD, LLC.

**Current Principal Place of Business:**

3615 S BEACH DR  
TAMPA, FL 33629

**Current Mailing Address:**

3615 S BEACH DR  
TAMPA, FL 33629

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

FENSKE, ROBYN K  
3615 S BEACH DR  
TAMPA, FL 33629 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	MGRM	Title	MGRM
Name	FENSKE, NEIL A	Name	FENSKE, ROBYN K
Address	3615 S BEACH DR	Address	3615 S BEACH DR
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629

*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:** ROBYN K FENSKE

**REGISTERED AGENT,  
MNGR**

**03/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date