

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000084026

**Entity Name:** DGA OFFICE LLC

**Current Principal Place of Business:**

2 S BISCAYNE BLVD  
SUITE 3200 #3  
MIAMI, FL 33131

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC1865335011**

**Current Mailing Address:**

2 S BISCAYNE BLVD  
SUITE 3200 #3  
MIAMI, FL 33131 US

**FEI Number:** 38-3932282

**Certificate of Status Desired:** No

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

GOMES FILHO, DOUGLAS  
2 S BISCAYNE BLVD  
SUITE 3200 #3  
MIAMI, FL 33131 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:** DOUGLAS GOMES FILHO

04/28/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GOMES, JULIANA MARA GERMER  
Address 2 S BISCAYNE BLVD  
SUITE 3200 #3  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name GOMES FILHO, DOUGLAS  
Address 2 S BISCAYNE BLVD  
SUITE 3200 #3  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name MURAD, CLAUDIA LEAL  
Address 173 SHORE S  
City-State-Zip: MIAMI FL 33133

Title AMBR  
Name PINTO, FABIO  
Address 16275 COLLINS AVE 2104  
City-State-Zip: SUNNY ISLES FL 33160

Title AMBR  
Name NAHUZ, MARIA BEATRIZ PARES  
Address 5830 SW 25 STREET  
City-State-Zip: MIAMI FL 33155

*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:** DOUGLAS GOMES FILHO

AMBR

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date