

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000063417

**Entity Name:** DCMP LLC

**Current Principal Place of Business:**

885 N. POWERS DRIVE  
SUITE-A  
ORLANDO, FL 32818

**Current Mailing Address:**

885 N. POWERS DRIVE  
SUITE-A  
ORLANDO, FL 32818 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PHILIPPE, MEHLIN MGR  
885 N. POWERS DRIVE  
SUITE-A  
ORLANDO, FL 32818 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           | MGR                            | Title           | MGR                            |
| Name            | PHILIPPE, MEHLIN               | Name            | CIL, DESTA                     |
| Address         | 885 N. POWERS DRIVE<br>SUITE-A | Address         | 885 N. POWERS DRIVE<br>SUITE-A |
| City-State-Zip: | ORLANDO FL 32818               | City-State-Zip: | ORLANDO FL 32818               |

*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:** MEHLIN PHILIPPE

**MANAGER**

**04/20/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date