

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000102570

**Entity Name:** D.G.M. RESTAURANT MANAGEMENT LLC

**Current Principal Place of Business:**

10350 WEST BAY HARBOR DR PH-LM  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

10350 WEST BAY HARBOR DR PH-LM  
BAY HARBOR ISLANDS, FL 33154 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA INC  
2121 PONCE DE LEON BLVD  
STE 1050  
CORAL GABLES, FL 33134 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           | AMBR                           | Title           | AMBR                           |
| Name            | SAAD DIB, MICHEL               | Name            | DIB, GABRIEL                   |
| Address         | 10350 WEST BAY HARBOR DR PH-LM | Address         | 10350 WEST BAY HARBOR DR PH-LM |
| City-State-Zip: | BAY HARBOR ISLANDS FL 33154    | City-State-Zip: | BAY HARBOR ISLANDS FL 33154    |

*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:** SAAD DIB , MICHEL

AMBR

03/20/2023

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

\_\_\_\_\_ Date