

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000472400

**Entity Name:** DCN ALLIANCE LLC

**Current Principal Place of Business:**

7345 W SAND LAKE RD  
STE 309  
ORLANDO, FL 32819

**Current Mailing Address:**

7345 W SAND LAKE RD  
STE 309  
ORLANDO, FL 32819 US

**FEI Number:** 37-2072450

**Certificate of Status Desired:** No

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

SAFETY TAX & BOOKKEEPING  
7345 W SAND LAKE RD  
STE 309  
ORLANDO, FL 32819 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  
Name SANTOS GONCALVES, DANILO  
Address 34 WOODLAWN STREET  
City-State-Zip: WEST HARTFORD CT 06110

Title MBR  
Name ROSA SANTOS GONCALVE, CARLA  
Address 34 WOODLAWN STREET  
City-State-Zip: WEST HARTFORD CT 06110

*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:** SANTOS GONCALVES , DANILO

MGRM

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date