



# LIMITED LIABILITY COMPANY ANNUAL REPORT

10/2017

NAME OF LIMITED LIABILITY COMPANY: DGTAL MARKET LLC

SECRETARY OF STATE ID NUMBER: 1611347 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2021

Filing Office Use Only  
E - Filed Annual Report  
1611347  
CA202125300820  
9/10/2021 12:45

☐ Changes

## SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Olivera, Ivonne

2. SIGNATURE OF THE NEW REGISTERED AGENT: \_\_\_\_\_

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS

7700 Six Forks Road

7700 Six Forks Road

Raleigh, NC 27615 Wake County

Raleigh, NC 27615

## SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Marketing

2. PRINCIPAL OFFICE PHONE NUMBER: (919) 271-8433

3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS

5. PRINCIPAL OFFICE MAILING ADDRESS

7700 Six Forks Road

7700 Six Forks Road

Raleigh, NC 27615

Raleigh, NC 27615

6. Select one of the following if applicable. (Optional see instructions)

☐

The company is a veteran-owned small business

☐

The company is a service-disabled veteran-owned small business

## SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: Ivonne Olivera

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: Member

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

7700 Six Forks Road

Raleigh, NC 27615

## SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Ivonne Olivera

9/10/2021

SIGNATURE

DATE

Form must be signed by a Company Official listed under Section C of This form.

Ivonne Olivera

Member

Print or Type Name of Company Official

Print or Type Title of Company Official

This Annual Report has been filed electronically.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525