

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State



DOCUMENT # L0000000241

1. Entity Name

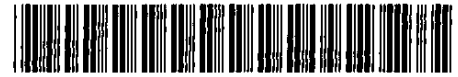
THE DELAURENTIS FAMILY, LLC

Principal Place of Business

4-53 BOYD AVE
FAIR LAWN NJ 07410

Mailing Address

4-53 BOYD AVE
FAIR LAWN NJ 07410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

58-2514426

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAPLEY, ROBERT A
245 RIVERSIDE AVE. STE 400
JACKSONVILLE FL 32202-4327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR Delete
NAME: DELAURENTIS, GERALD D
STREET ADDRESS: 4-53 BOYD AVE
CITY-ST-ZIP: FAIR LAWN NJ 07410

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: U00000632123
CITY-ST-ZIP: 02/21/07-80008-025 50.00

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes

SIGNATURE: *Gerald D Delaurentis*

1-30-07 201-446-9489