


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000007013  
 1. Entity Name  
 DELUO, LLC



Principal Place of Business      Mailing Address  
 10084 NW 53RD ST      10084 NW 53RD ST  
 SUNRISE, FL 33351      SUNRISE, FL 33351

**DO NOT WRITE IN THIS SPACE**



03072006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 65-1103287      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMICA, FACUNDO  
 10084 NW 53RD ST  
 FORT LAUDERDALE, FL 33351

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FORMICA, FACUNDO
STREET ADDRESS	10084 NORTHWEST 53RD STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/29/06-80006-016 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: FACUNDO FORMICA      Date: 3/12/06      Daytime Phone #: 954 332 0931