2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90373 005 ****50.00

DOCUMENT # L04000021890

1. Entity Name
DELLAVALLE REALTY SERVICES, LLC

Principal Place of Business	Mailing Address
8227 BLUEBERRY DRIVE NEW PORT RICHEY, FL 34653	8227 BLUEBERRY DRIVE NEW PORT RICHEY, FL 34653

20053664

02082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
419 BAYVIEW DR NE		419 BAYVIEW DR NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ST PETE FL		City & State: ST. PETE, FL	
Zip: 33704	Country: USA	Zip: 33704	Country: USA

4. FEI Number: 16-1688268 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DELLAVALLE, BRENDA C
8227 BLUEBERRY DRIVE
NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

Name: BRENDA C. DELLAVALLE
Street Address (P.O. Box Number is Not Acceptable): 419 BAYVIEW DR NE
City: ST. PETE FL Zip Code: 33704

DEPARTMENT OF STATE

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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELLAVALLE, BRENDA C 8227 BLUEBERRY DRIVE NEW PORT RICHEY, FL 34653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELLAVALLE, BRENDA C. 419 BAYVIEW DR NE (Address) ST. PETE, FL 34653	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brenda Dellavalle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #