

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068121

FILED  
May 25, 2007  
Secretary of State

Entity Name: DLV CONSTRUCTION SERVICES, LLC

**Current Principal Place of Business:**

610 WEST LAS OLAS BLVD. #1612  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

610 WEST LAS OLAS BLVD. #1612  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GRISALES-RACINI, OSCAR  
1911 HARRISON STREET  
HOLLYWOOD, FL 33020 US

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

GRISALES-RACINI, OSCAR  
1911 HARRISON STREET  
2999 N.E. 191 STREET, PH-8  
AVENTURA, FL 33180 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:

05/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. ( ) Delete  
Name: DELAVEGA, RAUL D MANAGER  
Address: 1808 NW 78TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES:**

Title: MR. (X) Change ( ) Addition  
Name: DELAVEGA, RAUL D MANAGER  
Address: 610 WEST LAS OLAS BLVD. #1612  
City-St-Zip: FT. LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RAUL DELAVEGA

MR.

05/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date