

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000059591

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC8629228523**

**Entity Name:** VAN DELFT & ASSOCIATES, LLC

**Current Principal Place of Business:**

643 PALM DRIVE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

643 PALM DRIVE  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 45-3193360

**Certificate of Status Desired:** Yes

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

ACCOUNTANT & MANAGEMENT  
1549 NE 123RD STREET  
NORTH MIAMI, FL 33161 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            VAN DELFT, LESLIE  
Address        643 PALM DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            VP  
Name            KOOLE, ANTON J  
Address        643 PALM DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            CFO  
Name            KOELMAN, HILLEGONDA M  
Address        643 PALM DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LESLIE A E VAN DELFT

**PRESIDENT**

**01/08/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date