

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000135167

**Entity Name:** DELCOMPARE DESIGN WORKS LLC

**Current Principal Place of Business:**

402 SAMAR AVENUE  
NAPLES, FL 34113

**Current Mailing Address:**

402 SAMAR AVENUE  
NAPLES, FL 34113 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DELCOMPARE, ANNE MARIE J  
402 SAMAR AVENUE  
NAPLES, FL 34113 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:** ANNE MARIE DELCOMPARE

04/14/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MGRM
Name	GIOVANNI DELCOMPARE	Name	DELCOMPARE, ANNE M
Address	402 SAMAR AVENUE	Address	402 SAMAR AVENUE
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113

*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:** ANNE MARIE J. DELCOMPARE

MANAGER

04/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date