

2013 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, GIOVANNI
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	DELCOMPARE, GIOVANNI	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GIOVANNI DELCOMPARE

REGISTERED AGENT

04/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date