

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000073975

**Entity Name:** DALPHA RE, LLC

**Current Principal Place of Business:**

5167 NW 74 AVE  
MIAMI, FL 33166

**Current Mailing Address:**

5167 NW 74TH AVE  
MIAMI, FL 33166 US

**FEI Number:** 45-5517309

**Certificate of Status Desired:** No

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

RELAYZE, VICTOR  
1800 NORTH BAYSHORE DR.  
APT: 3305  
MIAMI, FL 33132 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	RELAYZE, VICTOR M	Name	RELAYZE, ADRIA G
Address	1800 NORTH BAYSHORE DR. APT. 3305	Address	1800 NORTH BAYSHORE DR. APT. 3305
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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:** VICTOR RELAYZE

MEMBER

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date