## 2016 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

## 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

## 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

02/03/2016

Date

FILED Feb 03, 2016 Secretary of State CC3927783693

Certificate of Status Desired: Yes

Electronic Signature of Signing Authorized Person(s) Detail

Date