

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000158416

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC2617404440**

**Entity Name:** DELFIN MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

411 GOLDEN GATE BLVD W  
NAPLES, FL 34120

**Current Mailing Address:**

411 GOLDEN GATE BLVD W  
NAPLES, FL 34120

**FEI Number:** 46-4086390

**Certificate of Status Desired:** No

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

PENA, CARMEN  
411 GOLDEN GATE BLVD W  
NAPLES, FL 34120 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 MGR  
Name PENA, CARMEN  
Address 411 GOLDEN GATE BLVD. W.  
City-State-Zip: NAPLES FL 34120

Title MANAGER, VP  
Name PENA, GUILLERMO  
Address 411 GOLDEN GATE BLVD W  
City-State-Zip: NAPLES FL 34120

Title AUTHORIZED REPRESENTATIVE  
Name FERRO, DIANA  
Address 191 - 29TH ST NW  
City-State-Zip: NAPLES FL 34120

*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:** CARMEN PENA

VPRES

02/09/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date