

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000314409

**Entity Name:** DELF THE JUICE BAR LLC

**Current Principal Place of Business:**

2550 N UNIVERSITY DRIVE  
SUNRISE, FL 33322

**Current Mailing Address:**

PO BOX 450585  
SUNRISE, FL 33345 US

**FEI Number:** 87-1703976

**Certificate of Status Desired:** No

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

PAUL, DAVIDSON  
3225 N HIATUS RD  
450585  
SUNRISE, FL 33345 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                        | Title           | MGR                        |
| Name            | PAUL, DAVIDSON             | Name            | JOSIL, ADELPHIE V          |
| Address         | 3225 N HIATUS RD<br>450585 | Address         | 3225 N HIATUS RD<br>450585 |
| City-State-Zip: | SUNRISE 33345              | City-State-Zip: | SUNRISE FL 33345           |

*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:** DAVIDSON PAUL

MGR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date