

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000007682

**Entity Name:** DELCO PARTNERS, LLC

**Current Principal Place of Business:**

320 15TH STREET SE  
HICKORY, NC 28602

**Current Mailing Address:**

PO BOX 3224  
HICKORY, NC 28603 US

**FEI Number: 83-1576373**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	AUTHORIZED REPRESENTATIVE
Name	LOOPER, DAVID E	Name	MAUNEY, CAMERON
Address	58 MURRAY BLVD.	Address	PO BOX 3224
City-State-Zip:	CHARLESTON SC 29401	City-State-Zip:	HICKORY NC 28603

Title AUTHORIZED REPRESENTATIVE  
 Name BOLICK, FLYNN  
 Address 2089 WAMBAW CREEK RD UNIT 2  
 City-State-Zip: CHARLESTON SC 29492

*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: CAMERON MORRISON-MAUNEY**

**CFO**

**04/08/2024**

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

\_\_\_\_\_  
Date