

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004346

1. Entity Name

DALF ETI LIMITED, LLC

FILED

01 MAY -7 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

102 ARROWHEAD COURT
WINTER SPRINGS FL 32708

102 ARROWHEAD COURT
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3669920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Richard Ajiyi

Street Address (P.O. Box Number is Not Acceptable)

102 Arrowhead Court

City

Winter Springs

FL

Zip Code

32708

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/02/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004375060--3
-06/07/01--01018--012
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Richard Ajiyi
102 Arrowhead Court, Wm
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Prince Etl
44 PH/ABA EXPRESSWAY
Port Harcourt, Nigeria

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/28/01

407-977-5244