

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90039 016 \*\*\*\*55.00

**DOCUMENT # L00000006821**



1. Entity Name  
**DARELUX, LLC**

Principal Place of Business  
**145 ORQUIDEA AVENUE  
CORAL GABLES, FL 33143**

Mailing Address  
**145 ORQUIDEA AVENUE  
CORAL GABLES, FL 33143**

**20001973**



2. Principal Place of Business

**168 S.E. 1st Street  
Suite, Apt., etc. 600**

3. Mailing Address

**168 SE 1st Street  
Suite, Apt., etc. 600**

01072005 Chg-LLC CR2E083 (10/03)

City & State

**MIAMI - FL**

City & State

**MIAMI - FL**

4. FEI Number  
**65-1015254**

Applied For  
Not Applicable

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NORBERTO, ROMAN  
145 ORQUIDEA AVENUE  
CORAL GABLES, FL 33143**

7. Name and Address of New Registered Agent

Name  
**ROMAN, NORBERTO**  
Street Address (P.O. Box Number is Not Acceptable)  
**168 S.E. 1st Street - #600**  
City  
**MIAMI** FL Zip Code  
**33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**NORBERTO ROMAN**

(NOTE: Registered Agent signature required when reinstating)

**1-10-05**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ROMAN, NORBERTO  
145 ORQUIDEA AVENUE  
CORAL GABLES, FL 33143** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ROMAN, NORBERTO  
168 S.E. 1st Street - #600  
MIAMI - FL - 33131** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

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 60B, Florida Statutes.

**SIGNATURE:**

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

**1-10-05**

Date

**(305) 381-6810**

Daytime Phone #