

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000015445

1. Entity Name

DELFIN PARTNERS, L.L.C.



FILED
03 MAY -2 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11401 N.W. 12 Street

Suite, Apt. #, etc.

Suite 137

City & State
Miami, Florida

Zip
33172

Country
USA

3. Mailing Address

2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite 703

City & State
Miami, Florida

Zip
33133

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1074448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name World Corporate Services, Inc.

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

2665 S. Bayshore Drive, Suite 703

City Miami

FL

Zip Code
33133

**DO NOT WRITE
IN THIS SPACE**

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.

Mitchell S. Polansky, Vice President

3/4/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Acosta-Rubio, Ariel
2665 S. Bayshore Drive, Suite 703
Miami, Florida 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
De Rodriguez, Maria Isabel Acuna
11401 N.W. 12 Street, #137
Miami, Florida 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Ariel Acosta-Rubio, Manager

3/04/03

(305) 858-9900

Date

Daytime Phone #

CR2E083B (12/02)