

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

DOCUMENT # L00000015987

1. Entity Name

DELMAN GROUP I LLC



03-18-2003 90155 043 ****40.00
04-09-2003 90039 046 ****10.00

Principal Place of Business

Mailing Address

19340 CEDAR GLEN DR.
BOCA RATON FL 33434

19340 CEDAR GLEN DR.
BOCA RATON FL 33434

2. Principal Place of Business

7532 MAHOGANY BEND PLACE

3. Mailing Address

7532 MAHOGANY BEND PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON FLORIDA

Zip

33434

Country

USA

Zip

33434

Country

USA

4. FEI Number

65-1062747

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELMAN, PERRY
19340 CEDAR GLEN DR.
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name DELMAN, PERRY

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

7532 MAHOGANY BEND PLACE

City BOCA RATON

FL

Zip Code 33434

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

Perry Delman MGR

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

(NOTE: Registered Agent signature required when reinstating)

3/13/03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	DELMAN, PERRY	
STREET ADDRESS	19340 CEDAR GLEN DR.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	☒ Change ☐ Addition
NAME	DELMAN, PERRY	
STREET ADDRESS	7532 MAHOGANY BEND PLACE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(f), 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:

Perry Delman MGR

3/13/03

561-487-0661

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

Date

Daytime Phone #

CR2E083 (10/02)