2001	UNIFORM BUS	INESS REPO	RT	(UBR)						
DOCUMENT # L00000015988						FILED				
DELMAN GROUP II LLC			=	# # # # # # # # # # # # # # # # # # #						
Principal Place of Business Mailing Address					01 MAR -5 AM 10: 02					
19340 CEDAR GUEN DR.		19340 CEDARGUEN DR. BOLA RATON FL33434			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
BOCA	RATON FL33434	BOLA BATE	n.G.G	1 33/2 x						
	lace of Business	3. Mailing Address		C 3 3 4 3 4						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	e	City & State			4. FEI N	umber		A	pplied For	
Zip Country		Zip Coun		trv		-106 2749		55.00 Ad	ot Applicable	
	-	. = .				icate of Status Desired and Address of New R	F	ee Require		
	6. Name and Address of Current			- Name	(. INGIII	anu Address of New N			<del>======</del>	
PER	RRY DELMAN 340 CEDAR GLEN			Street Address (	P.O. Box N	umber is Not Acceptable	)			
19	340 CEDAR GLEN	I DRIVE								
E	BOCA RATON A	=L 33434		City			FL	Zip Coo	ie	
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or register	ed agent, o	or both, in the State of Flo	rida.			
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NOT	F: Registerer	d Agent signature required	when reinstatir	na)	DATE			
	og dat, proces process			EE.IS \$50.00				*****		
	•	And the second of the second of the		o Department o	f State .	<del></del> ~ <u></u> -	. — -			
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER PERRY DELMAN 19340 CEDAR GLEN BOCA RATON FL	□ Delete  PRICE 33434						☐ Change	☐ Addition	
TITLE	DOOR KHION I'-	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	A CONTRACTOR OF THE CONTRACTOR		CITY	ET ADDRESS -ST-ZIP		000003 -03/09 *****	829! /010: <del>55.00</del>	510 [146	—— <b>1</b> 001 <del>5500</del> —	
NAME STREET ADDRESS CITY-ST-ZIP		Oelete Oelete		1				(): Change =	Addition	
TITLE NAME STREET ANDRESS CITY-ST-ZIP		☐ Delete	1					☐ Change	☐ Addition	
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	· ·	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
indicated	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or truster.  URE:  SIGNATURE AND TYPED OR PRINTEY NAME OF	I that my signature shall have e empowered to execute this	the same report as	e legal effect as if many required by Chapt	nade under	oath; that I am a manag	further certifing member	iy that the i or manage 487-	nformation er of the	