LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90274 032 ****55.00

DOCUMENT # L01000002913

1. Entity Name
DELTA - BUSINESS GROUP LC

DO NOT WRITE IN THIS SPACE

967668

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1897 PALM BEACH LAKES BLVD	SAME AS (2.)
Suite, Apt. #, etc. SUITE 226	Suite, Apt. #, etc.
City & State WEST PALM BEACH, FLORIDA	City & State
Zip 33409 Country USA	Zip Country

4. FEI Number DID NOT APPLY (DORMANT COMPANY) ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET # 200

City MIAMI BEACH FL Zip Code 33139

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	JURCEVIC JOSIP
STREET ADDRESS	1897 PALM BEACH LAKES BLVD, SUITE 226
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083B (12/01)

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: CRNOGARKOVIC MARKO - AUTHORIZED REP. 04/28/02 305 418 5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #