

182

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

DOCUMENT # L01000007013

1. Entity Name  
**DELVO, LLC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -5 PM 2:30

WU/G

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>10060 NW 53RD ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>10060 NW 53RD ST.</b> Suite, Apt. #, etc.	
City & State <b>SUNRISE FL</b>		City & State <b>SUNRISE FL</b>	
Zip <b>33351</b>	Country <b>USA</b>	Zip <b>33351</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1103287</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>FACUNDO FORMICA MGRM</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9101 NW 15th ST.</b>	
City <b>Plantation</b>	FL Zip Code <b>33322</b>

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 **FACUNDO FORMICA, PRESIDENT MGRM** DATE **10/08/02**  
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**

**100008517241**  
**10/22/02--01071--001 \*\*50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT FACUNDO FORMICA MGRM 9101 NW 15th ST Plantation, FL, 33322</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT JULIAN COCCIA MGRM 1705 Coral Ridge Drive Coral Springs, FL 33071</b>
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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)(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: **FACUNDO FORMICA** DATE **10/09/02** DAYTIME PHONE # **954-572-5880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)

2062

September 27, 2002

Florida Department of State  
Division of Corporations

Ref: Deluo, LLC.  
Document Number: L01000007013  
Federal ID Number: 65-1103287

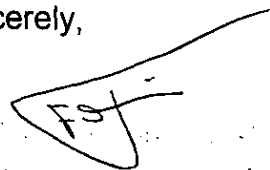
To Whom It May Concern:

We apologize for the delay in filing our Uniform Business Report 2002, but unfortunately we were not aware of this specific requirement. Due to our change of address, our correspondence has gotten lost causing us a lot of chaos. Once again, please admit my justification for the change of address and not filing our Uniform Business Report on time.

Please, be assured that we are not trying to evade our responsibility, Therefore, we feel that the above facts constitute a justify circumstance and humbly request your consideration in removing our penalty.

We are enclosing the complete form with its specific check.

Sincerely,



Facundo Formica, MGRM

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