


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90050 018 ***138.75

DOCUMENT # L02000001396 1. Entity Name DELPHINI INVESTMENT GROUP, LLC	
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Principal Place of Business
**845 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**845 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714**



06092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0031010

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELP, KEN II
845 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DELP, KEN II
STREET ADDRESS	845 SUNSHINE LANE
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #