

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-17-2003 90008 025 ****50.00

DOCUMENT # L02000001396

1. Entity Name

DELPHINI INVESTMENT GROUP, LLC



Principal Place of Business

562 SOUTH COUNTY ROAD 427
LONGWOOD FL 32750

Mailing Address

P.O. BOX 522414
LONGWOOD FL 32752-2414

2. Principal Place of Business

845 Sunshine Lane

3. Mailing Address

845 Sunshine Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32714

Country

Seminole

Zip

32714

Country

Seminole

4. FEI Number

80-0031010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SHIRLEY, JONATHAN W
171 CIRCLE DR
MAITLAND FL 32751

Name

KEN DELP II

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

845 Sunshine Lane

Altamonte Springs

FL

32714

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] Ken Delp II President

2-11-03

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	Ken Delp II - Manager 845 Sunshine Lane Altamonte Springs FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (10/02)

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:

[Signature] Ken Delp II President

2-11-03

407-530-7447

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

Date

Daytime Phone #

Attachment

TRANSMITTAL

from

Delphini Construction Company
General Contractor~Roofing Contractor

Date: February 24, 2003

To: Florida Department of State

Attn: Annual Reports Section

Re: ~~Delphini Investment Group~~ LLC Uniform Business Report
Reference # L02000001396

SSO11659

Am returning the enclosed form with Ken Delp II listed as Manager.

I called and discussed this with someone at your office, so put in the proper designation.

Please call with any other issues.

Thank You.



NEW ADDRESS!

Brian J. OConnell 407 830-7447
Controller 407 830-7429
845 Sunshine Lane Altamonte Springs, Florida 32714
Licenses # CGC 017860 & CCC 056380