FILED
Jul 14, 2003 8:00 am
Secretary of State

04-30-2003 90185 010 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004309

1. Entity Name

THE DELMAR GROUP, LLC

55051060

[redacted]

[redacted]

Principal Place of Business	Mailing Address
150 BANYAN ISLE DR. PALM BEACH GARDENS FL 33418	150 BANYAN ISLE DR. PALM BEACH GARDENS FL 33418

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
249 Barbados Dr.	1002 20th Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: Jupiter, Florida	City & State: Vero Beach, Florida
Zip: 33458 Country: Palm Beach	Zip: 32960 Country: Indian River

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

GIAMBONA, DOMINIC A.
150 BANYAN ISLE DR.
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name: Dominick A. Giambona
Street Address (P.O. Box Number is Not Acceptable): 249 Barbados Dr.
City: Jupiter FL Zip Code: 33458

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] 4/24/03

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Principal Dominic Giambona 249 Barbados Drive Jupiter, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] SIGNATURE REQUIRED 4/24/03 561-624-7715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #