

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016723

FILED
May 05, 2008
Secretary of State

Entity Name: DELORIS, L.L.C.

Current Principal Place of Business:

11431 81 COURT NORTH
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

11431 81 COURT NORTH
WEST PALM BEACH, FL 33412

New Mailing Address:

SAFE HARBOUR C/O 11420 US HWY ONE
SUITE 147
NORTH PALM BEACH, FL 33408

FEI Number: 32-0026157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ELGIDELY, ROBERT F ESQ
888 EAST LAS OLAS BOULEVARD
SUITE 508
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STANN, DELORIS
Address: 503 SHADOW LAKE BAY
City-St-Zip: ROSELLE, IL

Title: MGR () Delete
Name: GOELZ, MICHAEL A
Address: 11431 81 CT N
City-St-Zip: WPB, FL 33412

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL GOELZ

MGRM

05/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date