

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

09-26-2003 90036 001 \*\*\*100.00

**DOCUMENT # L02000016723**

1. Entity Name

**DELORIS, L.L.C.**



Principal Place of Business

**1245 COURT STREET, SUITE 102  
CLEARWATER FL 33756**

Mailing Address

**1245 COURT STREET, SUITE 102  
CLEARWATER FL 33756**

2. Principal Place of Business

**2845 Riverland Road  
Suite, Apt. #, etc.**

3. Mailing Address

**2845 Riverland Road  
Suite, Apt. #, etc.**

City & State

**Fort Lauderdale, FL**

City & State

**Fort Lauderdale, FL**

Zip  
**33312**

Zip  
**33312**

Country

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

**GASSMAN, ALAN S ESQ  
1245 COURT STREET, SUITE 102  
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

**Michael Goelz**

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

**2845 Riverland Road**

City

**Fort Lauderdale,**

**FL**

Zip Code

**33312**

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

**09/10/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STANN, DELORIS  
503 SHADOW LAKE BAY  
ROSELLE IL**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Michael Goelz  
2845 Riverland Road  
Fort Lauderdale, FL 33312**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 REQUIRED**

**09/10/03**

**954-742-8700**

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

Date

Daytime Phone #

CR2E083 (4/03)