2004°LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 12, 2004 8:00 am Secretary of State

DOCUMENT # L02000017399 1. Entity Name AUNT: DELLA'S, LLC					02-12-2004 90116 048 ****50.00				
AUNI-DE	LLA'S, LLC								
Principal Plac	e of Business	Mailing Address		,			201113	1287	
1	LONIAL DRIVE	1013 W. COLONIAL DRIVE	Ē ^			102 11.	7401f	ម្រាល់	
ORLANDO F	FL 32804	10 ORLANDO FL 32804		_	1 11 1	1 811 88114 11811 88811 88	61/11 15/11 18/1		1 77 1 1/1 1 77 1
2. Principal Place of Business 3. Mailing Address 927 FERN STREET F. O. Boy				27					
Suite, Apt.	' /	Suite, Apt. #, etc. Althmoste S	prings, 1	FL		MOORE	CR2E08	33 (11/03)	
City & Stat	MONTE SOVINAS, FI	City & State 32714-140	7	4	I. FEI Number	51-041508	31	 	pplied For at Applicable
3270	Country SA		COUNTRY USA		5. Certificate o	f Status Desired		\$5.00 Add	
2010	6. Name and Address of Current R	egistered Agent		\ 7	. Name and	Address of New	Registered		
			Name _						
F&L CORP. 1013 W. COLONIAL STE. 10				ddress (P.C). Box Number	is Not Acceptab	ole)	<u> </u>	
	LAURA STREET LANDO FL 32804								
]			City				FL	Zip Code	6
	named entity submits this statement for tions of registered agent.	he purpose of changing its regi	stered office or	registered	agent, or both	, in the State of F	lorida. Lam	familiar with,	and accept
SIGNATURE	-								
0.0.4.1.0.12									
0.014.10.12	Signature, typed or printed name of registered agent an	The Committee of the Co	istered Agent signatur	Life and States	National 989		DATE		
	Signature, typed or printed name of registered agent an	FILE NOW!	!!! FEE IS \$5	50.00 / partment	# 1		DATE		
		FILE NOW! Make Check Payable to Due By	III FEE IS \$5 Florida Dep	50.00 / partment	# 1	ADDITION		6	
9. TITLE	Signature, typed or printed name of registered agent an MANAGING MEMBER	FILE NOW! Make Check Payable to Due By S/MANAGERS	III FEE IS \$5 Florida Dep / May 1, 2004	50.00 / partment	# 1	ADDITION:	DATE	S Change	☐ Addition
9.	MANAGING MEMBER	FILE NOW! Make Check Payable to Due By	III FEE IS \$5 Florida Dep May 1, 2004	50.00 / partment	# 1	ADDITION			Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR KELLY, PATRICIA PO BOX 897	FILE NOW! Make Check Payable to Due By S/MANAGERS	III FEE IS \$5 Florida Dep / May 1, 2004 10. TITLE NAME STREET ADDRESS	50.00 / partment	# 1	ADDITION:			Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR KELLY, PATRICIA PO BOX 897 KAILUA HI 96734	FILE NOW! Make Check Payable to Due By S/MANAGERS Delete	III FEE IS \$S D Florida Dep / May 1, 2004 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	50.00 / partment	of State			Change	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR KELLY, PATRICIA PO BOX 897 KAILUA HI 96734 CEOP EASTERLINE, WAYNE	FILE NOW! Make Check Payable to Due By S/MANAGERS Delete	III FEE IS \$S D Florida Dep / May 1, 2004 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	50.00 / partment	of State	K.	S/CHANGES	☐ Change	
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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 AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

4 407-678-3352