


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000019109			
1. Entity Name SIMADELA LLC			
Principal Place of Business 651 EGRET CIRCLE DELRAY BEACH FL 33444		Mailing Address 651 EGRET CIRCLE DELRAY BEACH FL 33444	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LABELLE, ANDRE 651 EGRET CIRCLE DELRAY BEACH FL 33444		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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.		4. FEI Number 03-0473566 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
SIGNATURE _____		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
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, 2005

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	1100000211718	<input type="checkbox"/> Change	<input type="checkbox"/> Additions
NAME	LABELLE, ANDRE			NAME	02/02/05-80129-019 55.00		
STREET ADDRESS	651 EGRET CIRCLE			STREET ADDRESS			
CITY- ST- ZIP	DELRAY BEACH FL 33444			CITY- ST- ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additions
NAME	MA, ALAN			NAME			
STREET ADDRESS	651 EGRET CIRCLE			STREET ADDRESS			
CITY- ST- ZIP	DELRAY BEACH FL 33444			CITY- ST- ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additions
NAME	DEL MASTRO, SCOTT A			NAME			
STREET ADDRESS	651 EGRET CIRCLE			STREET ADDRESS			
CITY- ST- ZIP	DELRAY BEACH FL 33444			CITY- ST- ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additions
NAME	SINDHUNATHA, PAUL			NAME			
STREET ADDRESS	651 EGRET CIRCLE			STREET ADDRESS			
CITY- ST- ZIP	DELRAY BEACH FL 33444			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additions
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additions
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/27/05 561-279-772

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