

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019880

FILED
Apr 30, 2009
Secretary of State

Entity Name: DELGADO ENTERPRISES, LLC

Current Principal Place of Business:

2612 VALENCIA GROVE DR
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1160
VALRICO, FL 335951160 US

New Mailing Address:

FEI Number: 13-4209261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELACE, WILLIAM K
401 S. LINCOLN AVENUE
CLEARWATER, FL 33756 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: MGRM () Delete
Name: DELGADO, RUBEN R TRUSTEE
Address: PO BOX 1160
City-St-Zip: VALRICO, FL 335951160 US

Title: MGRM () Delete
Name: DELGADO, DIANE E TRUSTEE
Address: PO BOX 1160
City-St-Zip: VALRICO, FL 335951160 US

Title: MGRM () Delete
Name: RODRIGUEZ, PAMELA J
Address: PO BOX 1160
City-St-Zip: VALRICO, FL 335951160 US

Title: MGRM () Delete
Name: LEISTL, MICHELE L
Address: PO BOX 1160
City-St-Zip: VALRICO, FL 335951160 US

Title: MGRM () Delete
Name: DELGADO, RUBEN R II
Address: PO BOX 1160
City-St-Zip: VALRICO, FL 335951160 US

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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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: PAMELA RODRIGUEZ

MGRM

04/30/2009

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