

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000002767

1. Entity Name
DOLPHIN DELIVERY, LLC



Principal Place of Business
1104 E. ROBINSON STREET
ORLANDO, FL 32801

Mailing Address
P.O. BOX 180156
CASSELBERRY, FL 32707-0156



01242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
61-1445890

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUTHERLAND, LOUIS A
1104 E. ROBINSON STREET
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SUTHERLAND, LOUIS A
STREET ADDRESS	1104 E. ROBINSON STREET
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	MGR
NAME	MACOMBER, ROBERT H
STREET ADDRESS	1104 E. ROBINSON STREET
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000453443
03/14/06-80022-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Louis A. Sutherland MGR
LOUISA SUTHERLAND 2-24-06 407-689-47