

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040053

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: DELP LLC

**Current Principal Place of Business:**

3801 N UNIVERSITY DR  
315B  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

3801 N UNIVERSITY DR  
315B  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 80-0099699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL PERCIO, LEONARD  
3801 N UNIVERSITY DR  
315B  
SUNRISE, FL 33351 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: MGR ( ) Delete  
Name: DEL PERCIO, LEONARD  
Address: 957 HARBOR VIEW  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete  
Name: DEL PERCIO, MICHAEL  
Address: 400 DIPLOMAT PKWY APT#710  
City-St-Zip: HALLANDALE, FL 33009

Title: MGR ( ) Delete  
Name: CUCINATTI, PAUL  
Address: 31 SURREY ROAD  
City-St-Zip: WINCHESTER, MA 018902245

**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:

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: LEONARD DEL PERCIO

MGR

04/18/2008

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