

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000007607

1. Entity Name
DELYSSON ENTERPRISES, L.L.C.



Principal Place of Business
5601 NORTH TINDALE ROAD
PLANT CITY, FL 33565

Mailing Address
5601 NORTH TINDALE ROAD
PLANT CITY, FL 33565



04172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0269477

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

BRADY, PAULETTE
5601 NORTH TINDALE ROAD
PLANT CITY, FL 33565

**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 reappointing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRADY, PAULETTE
5601 NORTH TINDALE ROAD
PLANT CITY, FL 33565

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

000000531143
05/06/06-80028-014 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:

N. Paulette Brady

N. PAULETTE BRADY

Date

4/15/06 (813) 643-9696

Daytime Phone #