

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 18, 2008 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**



04092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>30-0269477</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
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**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 reinstating)

DATE

000000007453

05/05/08-80039-001 143.75

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BRADY, PAULETTE<br/>5601 NORTH TINDALE ROAD<br/>PLANT CITY, FL 33565</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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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*

*H/S/08 (813) 643 9696*