


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90077 007 ***138.75

DOCUMENT # L04000009492					
1. Entity Name DLGI, LLC					
Principal Place of Business C/O J. CRAIG DELESIE, JR 100 N TAMPA ST, STE 2120 TAMPA, FL 33602			Mailing Address C/O J. CRAIG DELESIE, JR 100 N TAMPA ST, STE 2120 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 77-0624793	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00-Additional Fee Required	
6. Name and Address of Current Registered Agent DELESIE, J. CRAIG 100 N TAMPA ST, STE 2120 TAMPA, FL 33602 <i>102 WHITING ST SUITE 601 TAMPA FL 33602</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELESIE, J. CRAIG JR. 100 N. TAMPA STREET, SUITE 2120 TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>102 W. Whiting Street Suite 601 Tampa, FL 33602</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <i>[Signature]</i> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <i>9/2/08</i> <i>813 335 6228</i> <small>Daytime Phone #</small>		

50009890



07232008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00-Additional Fee Required

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Daytime Phone #