

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019348

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: APTAKIN DELINCE GROUP, LLC

**Current Principal Place of Business:**

2100 NW 94TH AVENUE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2100 NW 94TH AVENUE  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 20-0847153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

APTAKIN, MARC  
2100 NW 94TH AVENUE  
MIAMI, FL 33172      US

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: APTAKIN, MARC  
Address: 2100 NW 94TH AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: MGR      ( ) Delete  
Name: DELINCE, JERRY  
Address: 2100 NW 94TH AVENUE  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

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 for the exemption stated in Section 119.07(3)(i), 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: MARC APTAKIN

MGR

07/01/2005

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