

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-17-2005 90119 033 ****55.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000058138 1. Entity Name DE RITE, LLC																					
Principal Place of Business 361 BERMUDA SPRINGS DR WESTON FL 33326			Mailing Address 361 BERMUDA SPRINGS DR WESTON FL 33326																		
2. Principal Place of Business		3. Mailing Address																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State		4. FEI Number																	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																	
6. Name and Address of Current Registered Agent TALIESON ADVISORY CORP. 9655 SOUTH DIXIE HIGHWAY STE. 101 MIAMI FL 33156				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____																					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;">Partner <input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Claudia Vera</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">361 Bermuda Springs Dr. Weston FL</td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td style="padding: 2px;">33326</td> </tr> </table>			TITLE	Partner <input type="checkbox"/> Delete	NAME	Claudia Vera	STREET ADDRESS	361 Bermuda Springs Dr. Weston FL	CITY- ST- ZIP	33326	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td style="padding: 2px;"></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Claudia P. Vera Date: May 1/05 Daytime Phone #: 954 389 0921