

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000068738

Entity Name: D.L.T.M. ENTERPRISES, LLC

FILED
Oct 02, 2008
Secretary of State

Current Principal Place of Business:

2255N.W119ST
#31
MIAMI, FL 331673063

New Principal Place of Business:

Current Mailing Address:

2255NW119ST
#31
MIAMI, FL 331673063

New Mailing Address:

2255N.W119ST
#31
MIAMI, FL 331673063

FEI Number: 42-1646142 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:

ANGRAND, MOREL
1472 N.E. 150TH STREET
MIAMI, FL 331612641 US

Name and Address of New Registered Agent:

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: MOREL ANGRAND

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRERE, AUDIEU PETIT
Address: 1472 N.E. 150TH STREET
City-St-Zip: MIAMI, FL 331612641

Title: MGRM () Delete
Name: ANGRAND, MOREL
Address: 2255 N.W. 119TH STREET
City-St-Zip: MIAMI, FL 331613063

Title: MGRM () Delete
Name: LOUIS, BENIRA
Address: 2402 W. LAKE IDA ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: LUCAS, MARIE L
Address: 170 N.E. 17TH COURT
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated in Chapter 119, 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: MOREL ANGRAND

LLC

10/02/2008

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