

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076726

FILED
Jun 19, 2008
Secretary of State

Entity Name: DI'S DELIGHTS LLC

Current Principal Place of Business:

8668 PARK BLVD. SUITE A
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

8668 PARK BLVD. SUITE A
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 65-1239177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

JERZAK, DIANA
8668 PARK BLVD. SUITE A
SEMINOLE, FL 33777 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JERZAK, DIANA
Address: 1629 SAND STONE CT
City-St-Zip: CLEARWATER, FL 33756

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: SMITH, CRAIG A
Address: 566 WHITTINGHAM PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: MRGM () Change (X) Addition
Name: SMITH, JESSICA A
Address: 566 WHITTINGHAM PLACE
City-St-Zip: LAKE MARY, FL 32746

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: DIANA JERZAK

MGRM

06/19/2008

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