

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000080356

Entity Name: DAVID DELIGHTS LLC

**FILED**  
**Dec 06, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

624 DOUGLAS AVENUE  
1408  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

4677 LB MCLEOD ROAD  
SUITE J  
ORLANDO, FL 32811

**Current Mailing Address:**

624 DOUGLAS AVENUE  
1408  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

4677 LB MCLEOD ROAD  
SUITE J  
ORLANDO, FL 32811

FEI Number: 20-1851710      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:**

DECUBELLIS, MEEKS & UNCAPHER, P.A.  
837 NORTH GARLAND AVENUE  
ORLANDO, FL 32801      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: DAN DECUBELLIS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DAVID, WALTER  
Address: 9362 BENTLEY PARK CIRCLE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

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 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: DOUGLAS DAVID

PRES

12/06/2006

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