


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2007 8:00 am
Secretary of State

08-15-2007 90025 029 ****50.00

DOCUMENT # L04000081640 1. Entity Name DE LARDILLES LLC			
Principal Place of Business 3891 W 2ND LN HIALEAH, FL 33012		Mailing Address 3891 W 2ND LN HIALEAH, FL 33012 US	
2. Principal Place of Business - No P.O. Box # 6575 WEST 4TH AVE Suite, Apt. #, etc. 309 City & State HIALEAH, FLORIDA Zip 33012		3. Mailing Address 6575 W. 4TH AVENUE Suite, Apt. #, etc. 309 City & State HIALEAH, FLORIDA Zip 33012	
4. FEI Number 38-3712382		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LARDILLES CHANG, VICTOR 3891 W. 2ND LN HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name VICTOR DE LARDILLES CHANG Street Address (P.O. Box Number is Not Acceptable) 6575 WEST 4TH AVENUE # 309 City HIALEAH FL Zip Code 33012	
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 <u>X</u> VICTOR DE LARDILLES JULY 30, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LARDILLES CHANG, VICTOR 3891 WEST 2ND LN HIALEAH, FL 33012 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LARDILLES, VICTOR 6575 WEST 4TH AVENUE, #309 HIALEAH, FLORIDA 33012 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LAEDILLES, VICTORIANO 2133 39TH AVE E. BRADENTON, FL 34202 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LARDILLES, VICTORIANO 6575 WEST 4TH AVENUE, #309 HIALEAH, FLORIDA 33012 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LARDILLES, RIGDEL 3891 W. 2ND LN HIALEAH, FL 33012 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LARDILLES, RIGDEL 6575 WEST 4TH AVENUE, #309 HIALEAH, FLORIDA 33012 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>X</u> VICTOR DE LARDILLES JULY 30 2007 305-562-7329 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	