


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000081640 1. Entity Name DE LARDILLES LLC	
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Principal Place of Business 6575 W 4TH AVE #309 HIALEAH, FL 33012	Mailing Address 6575 W 4TH AVE #309 HIALEAH, FL 33012 US
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04012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3712382	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DE LARDILLES CHANG, VICTOR 6575 W 4TH AVE #309 HIALEAH, FL 33012
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LARDILLES CHANG, VICTOR 6575 W 4TH AVE #309 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LAEDILLES, VICTORIANO 6575 W 4TH AVE #309 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LARDILLES, RIGDEL 6575 W 4TH AVE #309 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/02/08 00033 007.138.75

**DO NOT WRITE
IN THIS SPACE**

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: *Victor De Lardilles* **Victor De Lardilles** **4/1/08 (303) 562-7329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #