

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

01-17-2006 90063 017 ****50.00

DOCUMENT # L05000010473			
1. Entity Name DELI-DOG, LLC			
Principal Place of Business 1544 CYPRESS DRIVE TEQUESTA, FL 33469		Mailing Address 1544 CYPRESS DRIVE TEQUESTA, FL 33469	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 20-2258971		Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, DENINE M 7000 SE FEDERAL HWY 303 STUART, FL 34997		7. Name and Address of New Registered Agent Name: <u>Denine M Ward</u> Street Address (P.O. Box Number is Not Acceptable): <u>15758 75th Ave NW</u> City: <u>Jupiter</u> FL Zip Code: <u>33478</u>	
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>[Signature]</u> DATE: <u>1/4/06</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASO, PETER J 1544 CYPRESS DRIVE TEQUESTA, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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>[Signature]</u>		PETER J RASO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	