

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011200

Entity Name: THE DLK GROUP LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

908 ROYAL PALM COURT  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

908 ROYAL PALM COURT  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 20-2270102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHALSA, GURPREET J  
1325 YALE STREET  
ORLANDO, FL 32804 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: MGR ( ) Delete  
Name: DAVIS, JON T  
Address: 908 ROYAL PALM COURT  
City-St-Zip: ORLANDO, FL 32803

Title: MGR ( ) Delete  
Name: LAY, ROGER W  
Address: 729 PREBLE AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR ( ) Delete  
Name: KHALSA, GURPREET J  
Address: 1325 YALE STREET  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

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

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

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

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: GURPREET KHALSA

MGR

04/27/2009

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