

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90143 002 ****50.00

DOCUMENT # L05000024898

1. Entity Name
DALEX LLC



Principal Place of Business
8900 NW 35 LANE
140
MIAMI, FL 33172

Mailing Address
8900 NW 35 LANE
140
MIAMI, FL 33172

60025549



2. Principal Place of Business - No P.O. Box #
335 S BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.
#3808

Suite, Apt. #, etc.
Same

03082007 Chg-LLC CR2E083 (12/06)

City & State
MIAMI FLORIDA

City & State

4. FEI Number
20-4286210

Applied For
Not Applicable

Zip
33131

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMASZEWSKI, DANIEL
8900 NW 35 LANE
140
MIAMI, FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

3/14/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM - ☒ Delete
NAME DOMASZEWSKI, DANIEL
STREET ADDRESS 10 SW SOUTH RIVER DR UNIT 7513
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME DOMASZEWSKI, DANIEL
STREET ADDRESS 335 S. BISCAYNE BLVD #3808
CITY-ST-ZIP MIAMI, FLORIDA 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/12/07

305 776.1856