

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90119 004 ***138.75

DOCUMENT # L05000031297

1. Entity Name
DELRAY GRANDE CLUB, LLC



Principal Place of Business

5624 LINTON BLVD.
DELRAY BEACH, FL 33484 US

Mailing Address

5624 LINTON BLVD.
DELRAY BEACH, FL 33484 US

60016347



01182008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number

20-2601503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, JOHN ESQ.
1824 SE 4TH AVE
FORT LAUDERDALE, FL 33316

**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	MGR
NAME	ZAIKOV, STUART
STREET ADDRESS	5624 LINTON BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	MGR
NAME	RICHARDSON, CHRISTOPHER
STREET ADDRESS	5624 LINTON BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 33484
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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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: _____

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

Date

Daytime Phone #