

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048264

Entity Name: DELITE ENTERTAINMENT LLC

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

12003 N. NEBRASKA AVE  
TAMPA, FL 33612

## New Principal Place of Business:

6808 MURRAY HILL CT.  
TAMPA, FL 33615

## Current Mailing Address:

12003 N. NEBRASKA AVE  
TAMPA, FL 33612

## New Mailing Address:

6808 MURRAY HILL CT.  
TAMPA, FL 33615

FEI Number: 35-2255699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LINARTE, ELADIO V  
12003 N. NEBRASKA AVE  
TAMPA, FL 33612 US

## Name and Address of New Registered Agent:

LINARTE, ELADIO V  
6808 MURRAY HILL CT.  
TAMPA, FL 33615 US

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: ELADIO V. LINARTE

01/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LINARTE, ELADIO V  
Address: 12003 N. NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33612

Title: MGR (X) Delete  
Name: RUBIO, GEORGE M  
Address: 12003 N. NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LINARTE, ELADIO V  
Address: 6808 MURRAY HILL CT.  
City-St-Zip: TAMPA, FL 33615

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: ELADIO LINARTE

MGRM

01/16/2009

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