

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 APR 30 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000058136

1. Entity Name
DEL GUIDICE, LLC



Principal Place of Business
12773 COOL WATER WAY
JACKSONVILLE, FL 32246 US

Mailing Address
1340 BEAVER DAM ROAD
CHESAPEAKE, VA 23322 US



2. Principal Place of Business - No P.O. Box #
1340 Beaver Dam Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04202007 Chg-LLC CR2E083 (12/06)

City & State
Chesapeake, VA

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country
23322 USA

Zip Country

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

6. Name and Address of Current Registered Agent

DEL GUIDICE, CHRISTOPHER
12773 COOL WATER WAY
JACKSONVILLE, FL 32246-5140

7. Name and Address of New Registered Agent

Name
Devine Goodman Pallot & Wells P.A.
Street Address (P.O. Box Number is Not Acceptable)
777 Brickell Avenue
Suite 850
City Miami FL Zip Code 33131

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 Joseph Pallot, vice president DATE May 1, 2007

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input type="checkbox"/> Delete
NAME	DELGUIDICE, C F	
STREET ADDRESS	1340 BEAVER DAM ROAD	
CITY - ST - ZIP	CHESAPEAKE, VA 23322	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELGUIDICE, CHRISTOPHER	
STREET ADDRESS	1340 BEAVER DAM ROAD	
CITY - ST - ZIP	CHESAPEAKE, VA 23322	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELGUIDICE, PATRICK	
STREET ADDRESS	1340 BEAVER DAM ROAD	
CITY - ST - ZIP	CHESAPEAKE, VA 23322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000101988710
CITY - ST - ZIP	05/09/07--01042--013 **50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 808, Florida Statutes.

SIGNATURE: C F Delguidice C F DELGUIDICE 4/26/07 757-646-2106

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

Date

Daytime Phone #