

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058136

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: DEL GUIDICE, LLC

## Current Principal Place of Business:

1340 BEAVER DAM ROAD  
CHESAPEAKE, VA 23322 US

## New Principal Place of Business:

## Current Mailing Address:

1340 BEAVER DAM ROAD  
CHESAPEAKE, VA 23322 US

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEVINE GOODMAN PALLOT & WELLS PA  
777 BRICKELL AVENUE  
SUITE 850  
MIAMI, FL 33131 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: D ( ) Delete  
Name: DELGUIDICE, C F  
Address: 1340 BEAVER DAM ROAD  
City-St-Zip: CHESAPEAKE, VA 23322 51

Title: D ( ) Delete  
Name: DELGUIDICE, CHRISTOPHER  
Address: 1340 BEAVER DAM ROAD  
City-St-Zip: CHESAPEAKE, VA 23322

Title: D ( ) Delete  
Name: DELGUIDICE, PATRICK  
Address: 1340 BEAVER DAM ROAD  
City-St-Zip: CHESAPEAKE, VA 23322

## 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: / CHRISTOPHER DEL GUIDICE/

D

07/07/2008

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