

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086761

Entity Name: DECO DELIGHTS, LLC

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

15150 NW 79TH COURT  
195  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

15150 NW 79TH COURT  
195  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FLORES, CARLOS M  
2500 SW 131 TERRACE  
DAVIE, FL 33325 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: MGRM ( ) Delete  
Name: FLORES, LUIS JR.  
Address: 720 ORIOLE AVE  
City-St-Zip: MIAMI SPRING, FL 33166

Title: MGRM ( ) Delete  
Name: FLORES, CARLOS M  
Address: 2500 SW 131 TERRACE  
City-St-Zip: DAVIE, FL 33325

Title: MGRM ( ) Delete  
Name: FLORES, MARLENE M  
Address: 2500 SW 131 TERRACE  
City-St-Zip: DAVIE, FL 33325

**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 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: LUIS FLORES

MR.

04/28/2006

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