

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087859

Entity Name: NORDELTA, LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

8301 NW 197 STREET
MIAMI, FL 33015 US

New Principal Place of Business:

7660 SW 83 COURT
MIAMI, FL 33143 US

Current Mailing Address:

8301 NW 197 STREET
MIAMI, FL 33015 US

New Mailing Address:

7660 SW 83 COURT
MIAMI, FL 33143 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUIRREA, ANTONIO
560 RIDGEWOOD RD
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

CZETYRKO, CLAUDIA
7660 SW 83 COURT
MIAMI, FL 33143 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: CLAUDIA CZETYRKO

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMATO, GABRIEL
Address: DE LA VICUNA 110
City-St-Zip: BUENOS AIRES, TS 1648 AR

Title: MGR () Delete
Name: AMATO, JULIETA
Address: DE LA VICUNA 110
City-St-Zip: BUENOS AIRES, TS 1648 AR

Title: MGR () Delete
Name: AGUIRRE, ANTONIO
Address: 560 RIDGEWOOD RD
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: GABRIEL AMATO

MGR

04/14/2008

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