


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90040 023 \*\*\*138.75

<b>DOCUMENT # L05000098451</b>	
1. Entity Name DILY'S, LLC	

Principal Place of Business 20907 LEEWARD CT 255 AVENTURA, FL 33180	Mailing Address 20907 LEEWARD CT 255 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box # 18683 Collins Ave	3. Mailing Address 18683 Collins Ave
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Suite, Apt. #, etc. Suite 709	Suite, Apt. #, etc. Suite 709
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City & State Sunny Isles Beach, FL	City & State Sunny Isles Beach
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Zip 33160	Country U.S.A.	Zip 33160	Country U.S.A.
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MADIA, ENRICO 20907 LEEWARD CT 255 AVENTURA, FL 33180	Name Diego Morgante Street Address (P.O. Box Number is Not Acceptable) 18683 Collins Ave Suite 709 City Sunny Isles Beach FL Zip Code 33160
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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.
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SIGNATURE Morgante Diego MORGANTE DIEGO	DATE 04-11-08
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LICATA, LILIANA 20907 LEEWARD CT AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGANTE, DIEGO 20907 LEEWARD CT AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.
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SIGNATURE: Morgante Diego MORGANTE DIEGO MEMBER	DATE: 04-11-08
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00039278



04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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