

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L05000099982**
1. Entity Name
Delta Body Solution LLC

FILED
07 MAY -3 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4011 W Flagler ST
Suite, Apt. #, etc. **504**

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

BSK

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables FL
Zip **33134** Country **USA**

City & State
Zip Country

4. FEI Number **56-442-0594** Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **ALICIA PATRICIA ANAYA**
Street Address (P.O. Box Number is Not Acceptable)
4011 West Flagler ST
City **Coral Gables FL** Zip Code **33134**

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.
SIGNATURE *Alicia Anaya* DATE **5/1/07**

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

MGM
TITLE NAME **ALICIA PATRICIA ANAYA**
STREET ADDRESS **4011 W Flagler ST STE 504**
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
200101958872
05/09/07--01043--019 **50.00

MGM
TITLE NAME **JOSE RAFAEL OSORIO**
STREET ADDRESS **4011 W Flagler ST STE 504**
CITY-ST-ZIP **Coral Gables FL 33134**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Alicia Anaya* DATE **5/1/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)