

2009

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

FILED

09 MAY 27 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L05000100235  
1. Entity Name  
Delcop, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7791 N.W. 46th St.  
Suite, Apt. #, etc.  
Suite 407  
City & State  
Doral, FL

3. Mailing Address  
7791 N.W. 46th St.  
Suite, Apt. #, etc.  
Suite 407  
City & State  
Doral, FL

DO NOT WRITE IN THIS SPACE

Zip Country  
33166-5485 USA

Zip Country  
33166-5485 USA

4. FEI Number  
20-3604043  
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  
De Luca, Ernesto  
Street Address (P.O. Box Number is Not Acceptable)  
10912 N.W. 58th Terr.  
City  
Doral FL Zip Code  
33178

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2009 Fee will be \$538.75**  
**Make Ck. Payable to Fla. Dept. of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MgrM De Luca, Vicente 10912 N.W. 58th Terr. Doral, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MgrM De Luca, Ernesto 10912 N.W. 58th Terr. Doral, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300156177793 05/19/09-01035-025 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MgrM De Luca, Carmelo 10912 N.W. 58th Terr. Doral, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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)(l), 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: Ernesto De Luca Ernesto De Luca 04/20/09 786-472-9158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)