2009 LIMITED LIABILITY C

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DOCUMENT # L05000100235								
1. Enlity Name					09 MAY 27 PM 2: 03			
Delcop, LLC								
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N. T. S. S. C.				新為整		•		
2. Principal Place of Business 7791 N.W. 46th St. 7791 N.W. 46								
1	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
	Suite 407 Suite 407 City & State City & State				4. FEI Number		Applied For	
Doral,	FL Country	Doral, FL	Country		20-3604043	\$5.	Not Applicable OO Additional	
,	5485 USA	33166-5485	•		5. Certificate of Status Desired	Fee Fee	Required	
	DO NOT WRITE IN T	HIS SPACE	Nan	1e	7. Name and Address of Current I	Registered Ag	ent	
				De Luca, Ernesto Street Address (P.O. Box Number is Not Acceptable)				
			10	912 1	N.W. 58th Terr.	<u> </u>		
			City	<u>.</u>	Λ		p Code	
4 18 2 3 4 7 7 9			多语 Dc	ral		<u></u>	3178	
	e named entity submits this statement the obligations of registered agent. Signature, typed or printed name of regis			d office or	registered agent, or both, in the State		DATE	
	·····		W!!! FEI					
		After May 1, Make Ck. Pay					,	
9.	MANAGING MEMBER		The to Fi	a. Dept.	Or State	洲龙外和汉 公公	PET ATAL STATE PROPERTY.	
TITLE	MgrM		TITLE S				30 TY	
NAME STREET ADDRESS	De Luca, Vicent 10912 N.W. 58th	.e Terr.	STREET ADDE	ESS 1				
CITY - ST - ZIP	Doral, FL 33178	<u> </u>	CITY ST - ZI					
TITLE NAME	MgrM De Luca, Ernest	0	NAMEL		%#13001561 \$~05%19/09 ; 01035;	noc **	75 75 F	
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CITY - ST - ZIP	Doral, FL 33178					ersonessa. In e rskester		
NAME	De Luca, Carmel	.0	TITLE					
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	Doral, FL 33178	Terr.	CITY ST ZIF	ESS CC	n Marka i Marka a na a maka da kanda ka	THIS SI	PACE.	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	Doral, FL 33178	Terr.	STREET ADDROCTY - ST - ZIF TITLE	ESS				

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:

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY - ST. ZIP

<u> 24/20/09</u>

786-472-9158
Daytime Phone #

STF FL32519F.1