

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118125

Entity Name: D'LORENZ, L.L.C.

FILED  
Mar 31, 2008  
Secretary of State

**Current Principal Place of Business:**

12608 SW 112 AVE  
MIAMI, FL 33176

**New Principal Place of Business:**

12600 SW 112 AVE  
MIAMI, FL 33176

**Current Mailing Address:**

12608 SW 112 AVE  
MIAMI, FL 33176

**New Mailing Address:**

12600 SW 112 AVE  
MIAMI, FL 33176

FEI Number: 59-3827451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: IGLESIAS LORENZO, JOSE  
Address: 12608 SW 112 AVE  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Delete  
Name: PACHECO, MAGALY I  
Address: 12608 SW 112 AVE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: IGLESIAS LORENZO, JOSE  
Address: 12600 SW 112 AVE  
City-St-Zip: MIAMI, FL 33176

Title: MGR (X) Change ( ) Addition  
Name: PACHECO, MAGALY I  
Address: 12600 SW 112 AVE  
City-St-Zip: MIAMI, FL 33176

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: D'LORENZ, LLC

MR

03/31/2008

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