

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

PENDING
02-13-2007 90056 042 ****55.00
L05000118634

FILED

2007 MAR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000118634			
1. Entity Name DILIROSE LLC		Principal Place of Business 727 CRICKLEWOOD TERRACE LAKE MARY, FL 32746	
Mailing Address 727 CRICKLEWOOD TERRACE LAKE MARY, FL 32746		2. Principal Place of Business - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address	
City & State		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02082007 REIN-LLC		CR2E101 (1/07)	
4. FEI Number 06 180 5822		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAY, CHANMUGAM 727 CRICKLEWOOD TERRACE LAKE MARY, FL 32746		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 2/8/07	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGEN, THIRAN 9230 CHETWOOD DR COLORADO SPRINGS, CO 80920 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAY, CHANMUGAM 727 CRICKLEWOOD TERRACE LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE:		DATE 2/8/07 407 333 4732	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

REINSTATEMENT

06-07