

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119646

FILED
Apr 13, 2009
Secretary of State

Entity Name: DOLPHIN BUSINESS SYSTEMS, LLC

Current Principal Place of Business:

1815 SOUTH OLIVE AVE
APT. # 3
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

1815 SOUTH OLIVE AVE
APT. # 3
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

1815 SOUTH OLIVE AVE
APT. # 3
WEST PALM BEACH, FL 33401 US

New Mailing Address:

1815 SOUTH OLIVE AVE
APT. # 3
WEST PALM BEACH, FL 33401 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PAVLOS, CONSTANTINOS
1815 SOUTH OLIVE AVE
APT. # 3
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

PAVLOS, CONSTANTINOS
1815 SOUTH OLIVE AVE
APT. # 3
WEST PALM BEACH, FL 33401 US

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: _____

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAVLOS, CONSTANTINOS
Address: 1815 SOUTH OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL 33405 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CONSTANTINOS PAVLOS

MGR

04/13/2009

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