

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L05000119804

1. Entity Name

DELRAY RESEARCH ASSOCIATES, LLC



Principal Place of Business

ATTN: PHILLIPPE A. SAXE, M.D.
5130 LINTON BLVD., STE. G-9
DELRAY BEACH, FL 33484

Mailing Address

ATTN: PHILLIPPE A. SAXE, M.D.
5130 LINTON BLVD., STE. G-9
DELRAY BEACH, FL 33484



04022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3947181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, WILLIAM S
GREENSPOON MARDER P.A.
2255 GLADES ROAD, STE. 414-E
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000859

04/18/08-80034-023 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAXE, PHILLIPPE A M.D.
STREET ADDRESS	5130 LINTON BLVD., STE. G-9
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #