2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121121

Entity Name: DELIGHT OF LIFE LLC

FILED Jan 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4967 FOXHAL RD

NORTH PORT, FL 34288 US

Current Mailing Address: New Mailing Address:

4967 FOXHAL RD

NORTH PORT, FL 34288 US

FEI Number: 02-0761934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

IHOR, TABAKOV PRINCIP

4967 FOXHAL RD 4967 FOXHAL RD

NORTH PORT, FL 34288 US NORTH PORT, FL 34288 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: SIGNED 01/10/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Fitle: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 LEONID, TABAKOV
 Name:
 TABAKOV, LEONID

 Address:
 4945 ALSEIR RD.
 4945 ALSEIR RD.

 City-St-Zip:
 NORTH PORT, FL 34288
 City-St-Zip:
 NORTH PORT, FL 34288

Title: MGRM () Delete Title: () Change () Addition

 Name:
 TABAKOV, VITALIY
 Name:

 Address:
 4967 FOXHAL RD
 Address:

 City-St-Zip:
 NORTH PORT, FL 34288 US
 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: TABAKOV LEONID, TABAKOV VITALIY (SIGNED) MGRM 01/10/2009