

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000121121

Entity Name: DELIGHT OF LIFE LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4967 FOXHAL RD  
NORTH PORT, FL 34288 US

**New Principal Place of Business:**

**Current Mailing Address:**

4967 FOXHAL RD  
NORTH PORT, FL 34288 US

**New Mailing Address:**

FEI Number: 02-0761934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

IHOR, TABAKOV PRINCIP  
4967 FOXHAL RD  
NORTH PORT, FL 34288 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: MRGM  
Name: TSEPORDIEI, VITALIY MGRM  
Address: 12201 COTORRO AVE  
City-St-Zip: NORTH PORT, FL 34288

Title: MGR  
Name: TABAKOV, LEONID MGR  
Address: 4945 ALSEIR RD  
City-St-Zip: NORTH PORT, FL 34288

I hereby 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: SIGNING

MGRM

01/06/2010

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