

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90264 002 ***138.75

DOCUMENT # L06000000996

1. Entity Name
THE DELVILLAR LLC



Principal Place of Business
WORLD TRADE CENTER TAMPA
1101 CHANNELSIDE DRIVE, SUITE 240
TAMPA, FL 33602

Mailing Address
WORLD TRADE CENTER TAMPA
1101 CHANNELSIDE DRIVE, SUITE 240
TAMPA, FL 33602

60015349



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

84-1698481

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MUSCA, DANIEL G
12004 RACE TRACK RD
C/O TAMPA BUS & PROPERTY LAW SOURCE, P.A.
TAMPA, FL 33626

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS-

10. ADDITIONS/CHANGES-

TITLE MGR ☐ Delete
NAME STOLENBERG, KENNETH K
STREET ADDRESS 1101 CHANNEL SIDE DR #240
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☒ Change ☐ Addition
NAME STOLTENBERG
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BOMBECK, FRANCISCUS H
STREET ADDRESS 1101 CHANNEL SIDE DR #240
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☒ Change ☐ Addition
NAME BOMBEECK
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

F. Bombbeck

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

Date

Daytime Phone #

3/13/08

813 864 -
4200