

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018949

Entity Name: DELIN GROUP, LLC

FILED
Aug 29, 2007
Secretary of State

Current Principal Place of Business:

4427 BETHLEHEM RD.,
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

4427 BETHLEHEM RD.,
DOVER, FL 33527 US

New Mailing Address:

FEI Number: 20-4362573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DELIN, TRACEY A
4427 BETHLEHEM RD.
DOVER, FL 33527 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: MGRM () Delete
Name: DELIN, CHRIS C
Address: 4427 BETHLEHEM
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: DELIN, TRACEY A
Address: 4427 BETHLEHEM RD
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: SCHNEIDER, FREDERICK
Address: 240 SANDPIPER DR
City-St-Zip: POINCIANA, FL 34759 US

ADDITIONS/CHANGES:

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

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

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: TRACEY DELIN

MGRM

08/29/2007

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