

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000026385

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** DELTA ALPHA SIGMA ENTERPRISES, LLC

**Current Principal Place of Business:**

700-B W. WATERS AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

700-B W. WATERS AVE  
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number:** 20-4430011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOUTAFIS, DIMITRIOS  
403 W. SITKA ST.  
TAMPA, FL 33604 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  
Name: MOUTAFIS, DIMITRIOS  
Address: 403 W. SITKA STREET  
City-St-Zip: TAMPA, FL 33604

Title: MGRM  
Name: MOUTAFIS, ANNA  
Address: 403 W. SITKA STREET  
City-St-Zip: TAMPA, FL 33604

Title: MGRM  
Name: MOUTAFIS, SOPHIA  
Address: 403 W. SITKA STREET  
City-St-Zip: TAMPA, FL 33604

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:** DIMITRIOS MOUTAFIS

MGRM

01/10/2010

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