## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

SIGNATURE: ANGELA LEW Angela Lew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **FILED** Feb 15, 2007 8:00 am Secretary of State

02/13/07

(954)529-9119

DOCUMENT # L06000052245  1. Entity Name DELIGHTFUL DETAILS, LC						02-15-2007 90273 015 ****50.00			
Principal Plac 866 SW 118 DAVIE, FL 3		Mailing Address 866 SW 118TH TERRACE DAVIE, FL 33325 US						· 11 ( <b>*8</b> )	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			4. FEI Numb	oer	l-mark-rise	oplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certificate	5. Certificate of Status Desired			
	6. Name and Address of Current R	Registered Agent	<u> </u>			7. Name and Address of New Registered Agent			
LEON, ANGELA R				Name					
	18TH TERRACE			Street Address (P.O. Box Number is Not Acceptable)					
				City	City Zip Code				
				FL )					
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or reg	gistered agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept	
_	_								
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signature re	equired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							ce check payable to a Department of State	<b>3</b>	
9.	MANAGING MEMBER	S/MANAGERS 10.				ADDITIONS/CHANGES			
TITLE	MGR	☐ Defete TIT					☐ Change	Addition	
NAME	LEON, ANGELA R	NAM		l l					
STREET ADDRESS CITY-ST-ZIP	866 SW 118TH TERRACE   DAVIE, FL 33325			ET ADDRESS -ST-ZIP					
TITLE	DAVIL, I E 33323	□ Delete	TITLE				☐ Change	Addition	
NAME		Li Delete III ca					Onlings	[ ] Monton	
STREET ADDRESS		STRE		ET ADDRESS					
CITY-ST-ZIP			CITY	- ST-ZIP					
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CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE	<u> </u>			☐ Change	Addition	
NAME			NAM	l l					
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST-ZIP					
		- Doloto					Change	Addition	
TITLE NAME		☐ Delete	TITLE NAM	l l				Modifica	
STREET ADDRESS				ET ADDR <b>e</b> ss					
CITY-ST-ZIP		<u> </u>	CITY	-ST-ZIP	- 1				
TITLE	2 55550		TITLE	l l			Change	Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
11. I hereby	certify that the information supplied with	this filing does not qualify for	or the exe	mptions contai	ined in Chapter 119	), Florida Statutes. I fi	urther certify that the info	rmation	
Indicated	d on this report is true and accurate and tability company or the receiver or trustee	that my signature shall have	the same	e legal effect a:	as if made under oat	th; that I am a manag	ging member or manage	er of the	