## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90310 033 \*\*\*\*50.00

1. Entity Nam	ie	# LU6UUUU9U S DELIVERIES SP	1760 IRITS & WINE, LLC							
Principal Plac	e of Busines	is	Mailing Address		<u> </u>	1	0002001	LU		
9015 BANA VILLA CT. 9015 BANA VILLA CT. TAMPA, FL 33635-1072 TAMPA, FL 33635-1072							•			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02282007	Chg-LLC	CR2E0	33 (12/06)	
City & State		City & State			4. FEI Number	5/7520		<u> </u>	oplied For ot Applicable	
Zip		Country	Zip	Cour	ntry	ľ	of Status Desired		\$5.00 Add ee Require	
	6. Name	e and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
			Name							
GAZABON, JAIME E 9015 BANA VILLA CT. TAMPA, FL 33635-1072				Street Address (			er is Not Acceptable	e)		
		**************************************			City			FL	Zip Code	e
8. The above the obligat	named entit	ty submits this statement fortered agent.	or the purpose of changing it	s register	ed office or registe	red agent, or bo	th, in the State of Flo		amiliar with,	and accept
SIGNATURE	Signature, typed	d or printed name of registered agent	and title if applicable. (NO	TE: Registere	ed Agent signature require	d when reinstating)		DATE		
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9.	ue by Ma	is \$50.00 y 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.				a Departme	ent of State	ө
9. IIILE	MGR	y 1, 2007  MANAGING MEMBE	ERS/MANAGERS	TITL			Florida	a Departme		e Addition
9. IIILE NAME	MGR GAZABO	MANAGING MEMBE		TITL NAM	IE		Florida	a Departme	ent of State	
9. IIILE	MGR GAZABO 9015 BAN	MANAGING MEMBE  N. JAIME E  NA VILLA CT.		TITL NAM STRI			Florida	a Departme	ent of State	
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MGR GAZABO 9015 BAN	MANAGING MEMBE	☐ Delete	TITL NAM STRI CITY	IE EET ADORESS '-ST-ZIP		Florida	a Departme	ent of State	Addition
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Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 118, Hibrida Statutes. Further certify that the 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 many limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.