

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90134 005 ****50.00

DOCUMENT # L06000118785

1. Entity Name
DILUX L.L.C.



Principal Place of Business
28720 SOUTH DIESEL DRIVE
UNIT 7
BONITA SPRINGS, FL 34135

Mailing Address
28720 SOUTH DIESEL DRIVE
UNIT 7
BONITA SPRINGS, FL 34135

60022296



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

3. Mailing Address

P.O. Box 2425

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

BONITA SPRINGS, FL

4. FEI Number

20-8038273

Applied For

Not Applicable

Zip

Country

Zip

34133

Country

US

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

HOMOLA, MARGIT
28720 SOUTH DIESEL DRIVE
UNIT 7
BONITA SPRINGS, FL 34135

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 reconstituting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOMOLA, MARGIT
STREET ADDRESS 28720 S. DIESEL DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34135 ☐ Delete

TITLE MGR
NAME HOMOLA, ANDREW
STREET ADDRESS 28720 S. DIESEL DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

Margit Homola

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

3/6/07 239 254 9152

Date

Daytime Phone #