


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 11, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90035 038 \*\*\*138.75

|  |  |                     |  |   |  |
|--|--|---------------------|--|---|--|
| <b>DOCUMENT # L07000011173</b><br>1. Entity Name<br><b>LA DELIVRANCE, LLC</b>  |  |                     |  |  |  |
| Principal Place of Business<br><b>4020 9TH ST E<br/>BRADENTON, FL 34208</b>  |  |                     | Mailing Address<br><b>4020 9TH ST E<br/>BRADENTON, FL 34208</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |   |  |
| City & State   |  | City & State        |  |   |  |
| Zip  | Country  | Zip                 | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BIEN-AIME, JEAN C<br/>4020 9TH ST E<br/>BRADENTON, FL 34208</b>  |  |                     | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |  |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |                     | Make check payable to<br><b>Florida Department of State</b>  |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |  |                     | <b>10. ADDITIONS / CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>BIEN-AIME, JEAN C<br/>4020 9TH ST E<br/>BRADENTON, FL 34208</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| 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. |  |                     |  |   |  |
| <b>SIGNATURE:</b> <i>Jean C Bien Aime</i>  |  |                     | 06-06-08   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                     | <small>Date Daytime Phone #</small>  |   |  |