
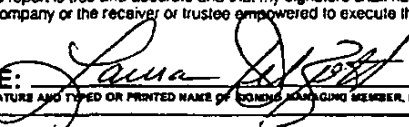


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/ **FILED**
Aug 29, 2008 8:00 am
Secretary of State

08-14-2008 90036 003 ***538.75

DOCUMENT # L07000011571					
1. Entity Name DEL-AIR, LLC					
Principal Place of Business 4575 W HWY 40 OCALA, FL 34482 US			Mailing Address 4575 W HWY 40 OCALA, FL 34482 US		
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	07292008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent				4. FEI Number	
ORTIZ, GEORGE 1515 E SILVER SPRINGS BLVD. SUITE 128 OCALA, FL 34470				20-8354203	
				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEL ZOTTO PRODUCTS OF FLORIDA, INC.		NAME		
STREET ADDRESS	4575 W HWY 40		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			8/13/08		352-351-3834
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

Del Zotto

PRODUCTS OF FLORIDA, INC.

4575 West Hwy. 40 Ocala, FL 34482
(Ph) 352-351-3834 - (Fax) 352-351-8875

ATTACHMENT

30011064

August 27, 2008

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Re: Del-Air, LLC Reference number L07000011571

To Whom It May Concern:

Per your letter dated August 15, 2008, Block 4 has been completed and being returned for filing.

Regards,



Lee Russell
Bookkeeper

Enclosures-2