

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041687

Entity Name: DELIO'S PAINTING, LLC

FILED  
Sep 03, 2008  
Secretary of State

**Current Principal Place of Business:**

1861 N FEDERAL HWY  
276  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1861 N FEDERAL HWY  
276  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 20-8870293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORREA, JOSE M  
5190 NW 167 STREET  
PENT HOUSE 306  
MIAMI GARDENS, FL 33014 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GOMEZ, JAIR  
Address: 1861 N FEDERAL HWY #276  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR ( ) Delete  
Name: MCKOY, CYNTHIA  
Address: 1861 N FEDERAL HWY #276  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAIR GOMEZ

MGR

09/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date