

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066659

FILED
Apr 07, 2009
Secretary of State

Entity Name: DIL VENTURES LLC

Current Principal Place of Business:

18303 CYPRESS VIEW WAY
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

18303 CYPRESS VIEW WAY
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 74-3219370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLUSANYA, OLUSOLABOMI O
18303 CYPRESS VIEW WAY
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: OLUSANYA, OLUSOLABOMI O
Address: 18303 CYPRESS VIEW WAY
City-St-Zip: TAMPA, FL 33647 US

Title: MGR () Delete
Name: TEMOWO, SAMUEL O
Address: 18303 CYPRESS VIEW WAY
City-St-Zip: TAMPA, FL 33647 US

Title: MGR () Delete
Name: TEMOWO, KEHINDE O
Address: 18303 CYPRESS VIEW WAY
City-St-Zip: TAMPA, FL 33647 US

Title: MGR () Delete
Name: TEMOWO, OLAMIDE B
Address: 18303 CYPRESS VIEW WAY
City-St-Zip: TAMPA, FL 33647 US

Title: MGR () Delete
Name: TEMOWO, OMOWONUOLA M
Address: 18303 CYPRESS VIEW WAY
City-St-Zip: TAMPA, FL 33647 US

Title: MGR () Delete
Name: TEMOWO, OLUSOLABOMI T
Address: 18303 CYPRESS VIEW WAY
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

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

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

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

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

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: OLUSOLABOMI OLUSANYA

MR

04/07/2009

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