

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000050638

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** DELACRUZ PROPERTIES II, LLC

**Current Principal Place of Business:**

322 GUNNERY RD S  
UNIT C  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

826 THOMPSON AVE  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

322 GUNNERY RD S  
UNIT C  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

P.O BOX 816  
LEHIGH ACRES, FL 33970

**FEI Number:** 80-0427654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELACRUZ, GUADALUPE  
322 GUNNERY RD S  
UNIT C  
LEHIGH ACRES, FL 33971 US

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

DELACRUZ, GUADALUPE  
826 THOMPSON AVE  
LEHIGH ACRES, FL 33972 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:** GUADALUPE DELACRUZ

03/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DELACRUZ, GUADALUPE  
**Address:** P.O BOX 579  
**City-St-Zip:** LEHIGH ACRES, FL 33970

**Title:** MGRM  
**Name:** DELACRUZ, MELISSA  
**Address:** P.O BOX 579  
**City-St-Zip:** LEHIGH ACRES, FL 33970

I hereby 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:** GUADALUPE DELACRUZ

MGRM

03/19/2012

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