

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000020374

**FILED**  
**Feb 02, 2013**  
**Secretary of State**  
**CC5772576491**

**Entity Name:** DELONY FAMILY ENTERPRISES, LLC

**Current Principal Place of Business:**

1930 N. W. 23RD TERRACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

5530 ATLANTIC VIEW  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 59-3617257

**Certificate of Status Desired:** No

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

DELONY, CHARLES D  
5530 ATLANTIC VIEW  
ST. AUGUSTINE, FL 32084 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

**Authorized Person(s) Detail :**

Title MGR  
Name DELONY, JOHN C  
Address 1930 NW 23RD TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title MGR  
Name VIGUE, CHRISTINE D  
Address 220 S. RUGBY ROAD  
City-State-Zip: HENDERSONVILLE NC 28791

Title MGR  
Name DELONY, CHARLES D  
Address 5530 ATLANTIC VIEW  
City-State-Zip: ST. AUGUSTINE FL 32084

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTINE D. VIGUE

**MANAGER**

**02/02/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date