

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000175570

**Entity Name:** DELRAY MUFFINS, LLC

**Current Principal Place of Business:**

411 E. ATLANTIC AVENUE  
#B  
DELRAY BEACH, FL 33483

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC1423178193**

**Current Mailing Address:**

800 FAIRWAY DRIVE  
SUITE 340  
DEERFIELD BEACH, FL 33441

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

HILLEL L. PRESSER & ASSOCIATES, P.A.  
800 FAIRWAY DRIVE  
SUITE 340  
DEERFIELD BEACH, FL 33441 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:** HILLEL PRESSER

04/15/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PRESSER, HILLEL L  
Address 800 FAIRWAY DRIVE, SUITE 340  
City-State-Zip: DEERFIELD BEACH FL 33441

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HILLEL L. PRESSER

**MANAGER**

04/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date