

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90003 001 \*\*\*\*50.00

**DOCUMENT # L01000014979**

1. Entity Name

**SKY FOODS, LLC**



Principal Place of Business

Mailing Address

**7848 NW 46 STREET  
MIAMI FL 33166**

**7848 NW 46 STREET  
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1145070**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROCHA, LUIS  
6909 N.W. 52ND STREET  
MIAMI FL 33166**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **ROCHA, FRANCISCA**  
STREET ADDRESS **6909 NW 82ND SR**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **P** ☒ Change ☐ Addition  
NAME **ROCHA, FRANCISCA**  
STREET ADDRESS **11137 NW 58TH PLACE**  
CITY-ST-ZIP **PARKLAND, TX 75076**

TITLE **VP** ☐ Delete  
NAME **ROCHA, LUIS**  
STREET ADDRESS **6909 NW 52ND ST**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VP** ☒ Change ☐ Addition  
NAME **ROCHA, LUIS**  
STREET ADDRESS **11137 NW 58TH PLACE**  
CITY-ST-ZIP **PARKLAND, TX 75076**

TITLE **ST** ☐ Delete  
NAME **GARCIA-PRINCE, ROBERTO**  
STREET ADDRESS **1920 ASPEN LANE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **ROCHA, EDWARD**  
STREET ADDRESS **6909 NW 52ND ST**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **ROCHA, EDWARD**  
STREET ADDRESS **10954 NW 61ST COURT**  
CITY-ST-ZIP **PARKLAND, TX 75076**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**04/03/03**

**(305) 994-8111**

CR2E083 (10/02)