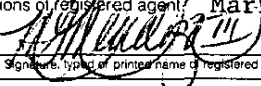
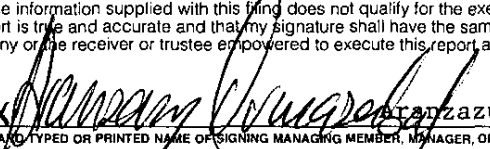


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90224 020 ****50.00

DOCUMENT # L03000037186 1. Entity Name ORMAZABAL & SABUGO, LLC					
Principal Place of Business C/O NAPOLEON BAKERY 6619 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405			Mailing Address C/O NAPOLEON BAKERY 6619 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o Mario G. de Mendoza, III 12765 Forest Hill Blvd, #1302			
City & State		City & State Wellington, FL		4. FEI Number 20-0441771	
Zip 33414		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE MENDOZA, MARIO G III 12765 FOREST HILL BOULEVARD STE 1302 WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Boulevard Suite 1302 City Wellington FL Zip Code 33414	
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: Mario G. de Mendoza, III, P.A. SIGNATURE  , Mario G. de Mendoza, III, President 2/18/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORMAZABAL, ARANZAZU 6619 South Dixie Highway West Palm Beach, FL 33405	
☐ Change ☒ Addition			☐ Change ☐ Addition		
☐ Change ☐ Addition			☐ Change ☐ Addition		
☐ Change ☐ Addition			☐ Change ☐ Addition		
☐ Change ☐ Addition			☐ Change ☐ Addition		
☐ Change ☐ Addition			☐ Change ☐ Addition		
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: X  Aranzazu Ormazabal, Manager 3/6/04 (561) 588-6295 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					