2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000057-09 218

1. Entity Name
JULIO'S NATURAL FOODS EMPORIUM, LLC



FILED Apr 15, 2005 8:00 am Secretary of State

04-15-2005 90020 017 ****50.00

Principal Place of Business 231 ALTARA AVENUE CORAL GABLES, FL 33146			Mailing Address 231 ALTARA AVENUE CORAL GABLES, FL 33146						
·								II BENY BEKAL BUKA KERUK BANTA K	
2. Principal Place of Business			3. Maiting Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04042005	Chg-LLC	CR2E083 (10/03)	
City & State			City & State			4. FEI Numb	o752821		pplied For ot Applicable
Zip	Country		Zip	Zip Country		5. Certificate	e of Status Desired	S5.00 Ad Fee Require	
	6. Name and A	Address of Current I	Registered Agent	<u>' </u>		7. Name and	d Address of New R	egistered Agent	·
· 600					Name				
CABABIE, JENNIFER 231 ALTARA AVENUE CORAL GABLES, FL 33146					Street Addres	ss (P.O. Box Numb	per is Not Acceptable	e)	
CORALGA	ADLES, FL 33	140		Γ					
					City			FL Zip Coo	ie
	named entity submitions of registered a		r the purpose of changing its	registered	l office or regi	stered agent, or bo	oth, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE .	Signatura broad or printe	name of registered agent a	and title if applicable (NOT	E: Bacistered A	Agent signeture reg	uired when reinstating)		DATE	
	signature, typed or printe	o name or registered agent a	sid title ii applicable. (1401	E. Registerad A	-gent alghatore red	and when remainstaining)	,		
Filing Fee is \$50.00 Due by May 1, 2005								e check payable to a Department of Sta	te
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE	MGR Delete			TITLE				Change	☐ Addition
NAME STREET ADDRESS	CABABIE, JEN 231 ALTARA A			NAME STREET	ADDRESS				
CITY-ST-ZIP	CORAL GABLE			CITY-S					
TITLE	MGR		☐ Delete	TITLE				☐ Change	Addition
NAME	VALDERRAMA	• • •		NAME					
STREET ADDRESS CITY-ST-ZIP	231 ALTARA AVENUE CORAL GABLES, FL 33146			STREET CITY-S	ADDRESS				
TITLE	Delete			TITLE	,, 211	·		Change	Addition
NAME				- tame		,	-	•.	
STREET ADDRESS	İ			STREET	ADDRESS				··· — ~
CITY-ST-ZIP				CITY-S	ST-ZIP				ET a suit
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S	ST-ZIP				
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME				NAME			·		
STREET ADDRESS CITY-ST-ZIP	S .				TADDRESS ST-ZIP				
TITLE			Delete	TITLE	-	1		☐ Change	Addition
NAME	,			NAME	}			_ •	
STREET ADDRESS					ADDRESS -				
CTTY-ST-ZIP				CITY-S	ST-ZIP			<u> </u>	

11. I hereby certify that the information supplied with this filling 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 pre-preciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✓

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

V 04-11

<u> 1305 333 9910</u>