

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113202

FILED
Jun 27, 2009
Secretary of State

Entity Name: TAINO FOODS L.L.C.

Current Principal Place of Business:

3216 MONTANO AVE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

P O BOX 3307
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 80-0319326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FIGUEROA, LUIS
3216 MONTANO AVE
SPRING HILL, FL 34609 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: FIGUEROA, LUIS
Address: P O BOX 3307
City-St-Zip: SPRING HILL, FL 34611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: FIGUEROA, MARIEL
Address: P O BOX 1009
City-St-Zip: YABUCOA P.R. 00767,

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: FIGUEROA, PATRICIA
Address: APT. 809, CALLE JOSE OLIVER 210
City-St-Zip: SAN JUAN, P.R. 00918, XX XX

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: LUIS FIGUEROA

MGR

06/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date