2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# L05000018116

Entity Name: EUCAVANI'S SAUCES, LLC

Current Principal Place of Business:

824 LAKESIDE DRIVE
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

824 LAKESIDE DRIVE
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 20-2384141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 S. FLAGLER DRIVE, STE. 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Title: MR. ( ) Delete
Name: SILVANI, ROBERT E
Address: 824 LAKESIDE DR.
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MR. ( ) Delete
Name: EUCALITTO, FRANK
Address: 824 LAKESIDE DR.
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

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

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: ROBERT SILVANI MR. 02/17/2009

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