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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90576 048 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30066603

DOCUMENT # L02000007853

1. Entity Name
FRESHMAXX, LLC

Principal Place of Business	Mailing Address
3028 N.W. 72ND AVENUE MIAMI, FL 33122	3028 N.W. 72ND AVENUE MIAMI, FL 33122

2. Principal Place of Business	3. Mailing Address
~~2011 N.W. 70th Avenue~~	~~201 S. Biscayne Blvd.~~ Suite 2000
~~Miami, Florida~~	~~Miami, Florida~~
Zip: 33122	Zip: 33131
Country:	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: ~~75-3040708~~ ☐ 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
AUERBACH, MARC H ESQ KIRKPATRICK & LOCKHART, LLP 201 S BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

IF FILE NOW: FEE IS $50.00
Make Check Payable to: Florida Department of State
Do Not Mail Cash

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Mgr. Anette Yelin 2011 N.W. 70th Avenue ~~Miami, Florida~~ 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Mgr. Jose T. Valdes 2011 N.W. 70th Avenue ~~Miami, Florida~~ 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Mgr. Samuel Yelin 2011 N.W. ~~70th Avenue~~ Miami, Florida 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 #