

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000119710

**Entity Name:** FESTIVE FOOD BRANDS LLC

**Current Principal Place of Business:**

2139 NW 79TH AVE.  
DORAL, FL 33122

**FILED**  
**Apr 16, 2013**  
**Secretary of State**  
**CC9501022339**

**Current Mailing Address:**

2139 NW 79TH AVE  
DORAL, FL 33122 US

**FEI Number: 27-1889073**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MOHAMMED, RAVEEZ  
2139 NW 79TH AVE  
DORAL, FL 33122 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

**Authorized Person(s) Detail :**

Title MGRM  
Name MOHAMMED, AZAAD  
Address 2139 NW 79TH AVE  
City-State-Zip: DORAL FL 33122

Title MGRM  
Name MOHAMMED, CHANDRA  
Address 2139 NW 79TH AVE  
City-State-Zip: DORAL FL 33122

Title MGRM  
Name MOHAMMED, RAVEEZ  
Address 2139 NW 79TH AVE  
City-State-Zip: DORAL FL 33122

Title MGRM  
Name MOHAMMED, RAMEEZ  
Address 2139 NW 79TH AVE  
City-State-Zip: DORAL FL 33122

Title MGRM  
Name MOHAMMED, SIDIQUE  
Address 2139 NW 79TH AVE  
City-State-Zip: DORAL FL 33122

Title MGRM  
Name MOHAMMED, TERIQUE  
Address 2139 NW 79TH AVE  
City-State-Zip: DORAL FL 33122

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RAVEEZ MOHAMMED**

**MANAGER**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date