| FEI Number: 46-1202767<br>Name and Address of Current Registered Agent:  |  | Certificate of Status Des | ired: Yes                       |            |
|--|--|---------------------------|---------------------------------|------------|
| STEPHENSON, MIA<br>133 HOSPITAL DRIVE N.E.<br>FORT WALTON BEACH, FL 32548 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:   | MIA STEPHENSON                           |                           |                                 | 05/28/2014 |
|  | Electronic Signature of Registered Agent |                           |                                 | Date       |
| Authorized Person(s) Detail :  |  |                           |                                 |            |
|  |  | Title                     | MANAOED                         |            |
| Title  | AUTHORIZED MEMBER                        | nue                       | MANAGER                         |            |
|  | AUTHORIZED MEMBER<br>SAE-UNG, THANYAMAI  | Name                      | MANAGER<br>JAILLETTE, RUNGRUANG |            |

City-State-Zip: MARY ESTHER FL 32569

**Current Principal Place of Business:** 1360 HWY 98 W MARY ESTHER. FL 32569

#### **Current Mailing Address:**

1360 HWY 98 W MARY ESTHER. FL 32569

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City-State-Zip: MARY ESTHER FL 32569

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THANYAMAI SAE-UNG

05/28/2014 AUTHORIZED MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 28, 2014

Secretary of State

CC6502073867

Date

# 2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

# DOCUMENT# L12000132906

### Entity Name: THAI NOODLE LLC