# 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. 04/30/2015

## SIGNATURE: CHRISTINE CANTON

Electronic Signature of Signing Authorized Person(s) Detail

7208 NIMA CT

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: VI VIBEZ AUTHENTIC VIRGIN ISLAND CUISINE LLC

ORLANDO, FL 32835

### **Current Mailing Address:**

DOCUMENT# L12000152396

**Current Principal Place of Business:** 

P.O BOX 617336 ORLANDO, FL 32861

## FEI Number: 30-0741607

### Name and Address of Current Registered Agent:

CANTON, CHRISITINE 7208 NIMA CT ORLANDO, FL 32835 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

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CANTON, CHRISTINE	Name	CANTON, CHRISTINE
Address	7208 NIMA CT	Address	7208 NIMA CT
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

MGRM

# FILED Apr 30, 2015 Secretary of State CC8347147620

Certificate of Status Desired: No

Date

Date