

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000144676

Entity Name: AMY'S DIVINE CRISPS, LLC

Current Principal Place of Business:

152-1/2 SE 5TH AVENUE
DELRAY BEACH,, FL 33483

Current Mailing Address:

PO BOX 161
ST. CLAIR SHORES, MI 48080

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHERON, ANNE
152-1/2 SE 5TH AVENUE
DELRAY BEACK, FL 33483 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 AMY, NELSON
Address 4360 PRESTWICK LANE
City-State-Zip: BLOOMFIELD HILLS MI 48301

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: AMY NELSON

MGR

04/30/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date