

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000133934

**Entity Name:** HOME OF CAKES, LLC

**Current Principal Place of Business:**

2815 DIRECTORS ROW  
STE 100 OFFICE 167  
ORLANDO, FL 32809

**Current Mailing Address:**

2815 DIRECTORS ROW  
STE 100 OFFICE 167  
ORLANDO, FL 32809 US

**FEI Number:** 38-4009756

**Certificate of Status Desired:** No

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

COMPANY COMBO, LLC  
2815 DIRECTORS ROW  
STE 100  
ORLANDO, FL 32809 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 AMBR  
Name RAMOS, DANIEL G  
Address R. MONICA MARIA CANDIA AZEVEDO  
340  
QUADRA 13B LOTE 09, ALPHAVILLE 1  
City-State-Zip: RIBEIRAO PRETO SP 14110-000

Title AMBR  
Name RAMOS, LUIS E  
Address RUA DR MARIO DE ASSIS MOURA, N  
280  
BAIRRO NOVA ALIANCA APTO 163  
City-State-Zip: RIBEIRAO PRETO SP 14026-578

Title AMBR  
Name RAMOS, RAFAEL F  
Address R PROF. ANGELINA CASSIANO DE  
ROSIS 215  
City-State-Zip: RIBEIRAO PRETO SP 14022--043

Title AMBR  
Name RAMOS, FABRICIO M  
Address R MARI 200 CASA 4 CHÃCARA SÃO  
JOAO  
City-State-Zip: CARAPICUIBA SP 06345--240

*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:** RAMOS , LUIS E

AMBR

03/14/2019

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

\_\_\_\_\_  
Date