

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000133934

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

**Current Principal Place of Business:**

8600 COMMODITY CIR  
SUITE # 121 OFFICE # 167  
ORLANDO, FL 32819

**Current Mailing Address:**

8600 COMMODITY CIR  
SUITE # 121 OFFICE # 167  
ORLANDO, FL 32819 US

**FEI Number:** 38-4009756

**Certificate of Status Desired:** No

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

COMPANY COMBO, LLC  
8600 COMMODITY CIR  
SUITE # 121  
ORLANDO, FL 32819 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 AV L EDUARDO DE TOLEDO PRADO  
847 T1 AP 92  
City-State-Zip: RIBEIRAO PRETO SP 14027--250

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:** LUIS EDUARDO RAMOS

04/02/2018

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

\_\_\_\_\_  
Date