

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000040

FILED
Jun 15, 2006
Secretary of State

Entity Name: LA ROSA DEL MONTE EXPRESS (ORLANDO), LLC

Current Principal Place of Business:

600 - 608 EAST LANDSTREET RD.
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

1133-35 TIFFANY ST
BRONX, NY 10459

New Mailing Address:

FEI Number: 59-3693503 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET, #2
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HIQ CORPORATE SERVICES
1574 VILLAGE SQUARE BLVD.
SUITE 100
TALLAHASSEE, FL 32309 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: JIM STROTT

06/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, HIRAM
Address: 1426 ROOSEVELT AVE
City-St-Zip: PELHAM MANOR, NY 10803

Title: MGR () Delete
Name: DALZELL, STEVEN
Address: 46 CENTER ST
City-St-Zip: POMPTON LAKES, NJ 07442

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEVEN DALZELL

MGR

06/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date