

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90598 009 ***150.00

DOCUMENT # L00000003738

1. Entity Name

PASTA PARTNERS, LLC

DO NOT WRITE IN THIS SPACE

958392

2. Principal Place of Business

2600 NW 87th Ave.

3. Mailing Address

2600 NW 87th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay #9

Bay #9

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33172

Country

Miami-Dade

Zip

33172

Country

Miami-Dade

4. FEI Number

65-1007539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Carmen Sanders
5725 S.W. 8th Street
Miami, Fl. 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Margarita Palmer
8053 SW 186 St.
Miami, Fl. 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Margarita Palmer - Margarita Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/02

305-594-9600

Date

Daytime Phone #