

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007987

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: THE EDUCATED PALATE, LLC

**Current Principal Place of Business:**

4471 S. SHADE AVE  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

4471 S. SHADE AVE  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 65-1024919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAZAN, GIULIANO  
4471 S. SHADE AVE.  
SARASOTA, FL 34231 US

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

HAZAN, GIULIANO R  
4471 S. SHADE AVE.  
SARASOTA, FL 34231 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: GIULIANO HAZAN

02/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAZAN, GIULIANO  
Address: 4471 S. SHADE AVE  
City-St-Zip: SARASOTA, FL 34231

Title: MGRM ( ) Delete  
Name: HAZAN, LAEL  
Address: 4471 S. SHADE AVE  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HAZAN, GIULIANO R  
Address: 4471 S. SHADE AVE  
City-St-Zip: SARASOTA, FL 34231

Title: MGRM (X) Change ( ) Addition  
Name: HAZAN, LAEL S  
Address: 4471 S. SHADE AVE  
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify 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: GIULIANO HAZAN

MGRM

02/18/2009

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