

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

DOCUMENT # **L00000008840**

1. Entity Name

Friends in food, L.L.C.



FILED

2003 DEC 15 PM 1:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

500025490905

12/15/03--01019--014 **155.00

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2. Principal Place of Business

298 Lake Markham Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

4. FEI Number

59-3666783

Applied For

Not Applicable

Zip

32771

Country

Seminole

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JEFFREY M. ODATO

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

2343 RIVER TREE CIRCLE

City

SANFORD

FL

Zip Code

32771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Jeffrey M. Odato

12/11/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM**
NAME Jeff Odato
STREET ADDRESS 2343 River Tree Circle
CITY-ST-ZIP Sanford, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEM**
NAME Michael Fouts
STREET ADDRESS 298 Lake Markham Rd.
CITY-ST-ZIP Sanford, FL 32771

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REINSTATEMENT 2003

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jeffrey M. Odato, member

Date

12/11/03 407.447-7551

Daytime Phone #

CR2E083B (12/02)