

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009756

1. Entity Name  
MEX FOOD INVESTMENTS, LLC



Principal Place of Business  
816 SW MAIN BLVD  
LAKE CITY, FL 32025

Mailing Address  
816 SW MAIN BLVD  
LAKE CITY, FL 32025

2. Principal Place of Business

3. Mailing Address  
798 SW main Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Lake City, FL

Zip

Country

Zip  
32025

Country  
USA

03282005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
59-3667344

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BREWER, G. DAVID CPA  
816 SW MAIN BLVD  
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name  
MOSES, Michael C

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

798 SW main Blvd.

City  
Lake City

FL Zip Code  
32025

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MOSES, PHILIP J JR  
816 SW MAIN BLVD  
LAKE CITY, FL 32025 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MOSES, Michael C  
798 SW main Blvd  
lake city, FL 32025 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300054043453  
05/09/05--01021--004 \*\*200.00 ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #