

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000000658**

1. Entity Name  
**PATRIOT FOODS, LLC**



Principal Place of Business  
**2665 SOUTH BAYSHORE DR  
SUITE 601  
COCONUT GROVE, FL 33133 US**

Mailing Address  
**2665 SOUTH BAYSHORE DR  
SUITE 601  
COCONUT GROVE, FL 33133 US**



02052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-1067894**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAZOOK, RICHARD J  
HUNTON & WILLIAMS  
1111 BRICKELL AVE STE 2500  
MIAMI, FL 33131**

**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. 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BACANDI, FACUNDO L  
2665 SOUTH BAYSHORE DR STE 601  
COCONUT GROVE, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DENNIS, RICHARD C  
2665 SOUTH BAYSHORE DR STE 601  
COCONUT GROVE, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
RAZOOK, RICHARD J  
1111 BRICKELL AVE STE 2500  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
LORIE, CATHERINE H  
2665 SO. BAYSHORE DR STE 601  
COCONUT GROVE, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000667857  
03/26/07-80037-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Catherine H Lorie  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/8/07 305-285-5588  
Date Daytime Phone #