

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90054 007 ****50.00

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1. Entity Name

KING DAVID BAKERY & MORE, L.L.C.



Principal Place of Business

21009 NE 31 AVE
MIAMI, FL 33180 US

Mailing Address

21009 NE 31 AVE
MIAMI, FL 33180 US



05162006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
65-1071017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, EDDIE
21009 NE 31 AVE
AVENTURA, FL 33180

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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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DE SOCARRAZ, ELIZABETH
STREET ADDRESS 11762 NORTH KENDALL, STE. 115
CITY-ST-ZIP MIAMI, FL 33186

TITLE MGR
NAME COHEN, EDDIE
STREET ADDRESS 21009 NE 31 AVE
CITY-ST-ZIP MIAMI, FL 33180

TITLE
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #