


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90038 039 ****50.00

DOCUMENT # L01000001544

1. Entity Name
KING DAVID BAKERY & MORE, L.L.C.

✓ 

Principal Place of Business Mailing Address

**19830 WEST DIXIE HWY
AVENTURA FL 33180
US**

**19830 WEST DIXIE HWY
AVENTURA FL 33180
US**

2. Principal Place of Business 3. Mailing Address

21009 NE 31 AVENUE **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

AVENTURA

Zip Country Zip Country

33180 DADE

40023662



☐ CHECK HERE IF MAKING CHANGES

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

**TORRES, CARMEN
16181 SW 73 STREET
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name
COHEN, EDDIE

Street Address (P.O. Box Number is Not Acceptable)
21009 NE 31 AVENUE

City **AVENTURA** FL Zip Code **33180**

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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE SOCARRAZ, ELIZABETH 11762 NORTH KENDALL, STE. 115 MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMEN, EDDIE 19830 WEST DIXIE HWY AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, EDDIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21009 NE 31 AVE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1. 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.

