

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000007393

FILED  
Apr 24, 2002 8:00 AM  
Secretary of State

Entity Name: SAVORY FARE, LLC

**Current Principal Place of Business:**

4659 GLEASON AVE.  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

4659 GLEASON AVE.  
SARASOTA, FL 34242

**New Mailing Address:**

930 S CONRAD AVE  
SARASOTA, FL 34237

FEI Number: 65-1101726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STIVALI, SUSAN  
4659 GLEASON AVE.  
SARASOTA, FL 34242

**Name and Address of New Registered Agent:**

GARRIS, HEATHER  
930 S CONRAD AVE  
SARASOTA, FL 34237

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.

SIGNATURE: HEATHER GARRIS

04/24/2002

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: STIVALI, SUSAN  
Address: 4659 GLEASON AVE.  
City-St-Zip: SARASOTA, FL 34242

Title: MGRM ( ) Delete  
Name: GARRIS, HEATHER  
Address: 4659 GLEASON AVE.  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HEATHER GARRIS

MGRM

04/24/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date