2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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1. Entity Name
QUICK & TASTY, L.L.C.

Principal Place of Business	Mailing Address
14100 PALMETTO FRONTAGE RD SUITE 201 MIAMI LAKES, FL 33016 US	14100 PALMETTO FRONTAGE RD SUITE 201 MIAMI LAKES, FL 33016 US

04072005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1121333
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ.
18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. *MANAGING MEMBERS/MANAGERS*

TITLE	MGR
NAME	RODRIGUEZ, NOEL
STREET ADDRESS	CALLE LER TRASVERAL 3240 LA DOLORES
CITY-ST-ZIP	PALMIRA COLUMBIA,
TITLE	MGR
NAME	EUSSE, AURORA
STREET ADDRESS	CALLE LER TRASVERAL 3240 LA DOLORES
CITY-ST-ZIP	PALMIRA COLUMBIA,
TITLE	MGR
NAME	RODRIGUEZ, MARTHA I
STREET ADDRESS	CALLE LER TRASVERAL 3240 LA DOLORES
CITY-ST-ZIP	PALMIRA COLUMBIA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80104-010 50.00

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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE