

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90318 002 ****50.00

DOCUMENT # L01000019480

1. Entity Name
CROCANTE BAKERY, L.L.C.



Principal Place of Business
**1548 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

Mailing Address
**1548 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

24015020

2. Principal Place of Business

1948 Hollywood Blvd
Suite, Apt. #, etc.

3. Mailing Address

1948 Hollywood Blvd.
Suite, Apt. #, etc.



01212004 Chg-LLC CR2E083 (10/03)

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-1152759

Applied For

Not Applicable

Zip

33020

Country

Zip

33020

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUZMAN, MARIO I
13746 SW 32ND STREET
HOLLYWOOD, FL 33027**

7. Name and Address of New Registered Agent

Name **GUZMAN & GUZMAN PA**

Street Address (P.O. Box Number is Not Acceptable)

9130 S. DADELANO BLVD. #1504

City

MIAMI

FL

Zip Code

33156

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

1/21/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **PELESSON, ALSO OSCAR**
STREET ADDRESS **LAINIZ 735**
CITY-ST-ZIP **BOULOGNE BS AS ARGENTINA1609,**

TITLE **MGRM** ☐ Delete
NAME **GIRASSOLLI, ALEJANDRO**
STREET ADDRESS **1548 HOLLYWOOD BLVD.**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **MGRM** ☐ Delete
NAME **CORIOLOX STAR CORP.**
STREET ADDRESS **951 DESOTO RD., APT. #233**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **ALEJANDRO GIRASSOLLI**

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

1/21/04

Date

(954) 923-1280

Daytime Phone #