

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LD20000758 AMENDED

1. Entity Name

Sweet Snos Ltd. Co.



FILED

03 DEC 26 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900025759849
12/26/03--01003--017 **50.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1775 SW 7th St.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Homestead, FL.

Zip

33030

Country

U.S.A.

City & State

Zip

Country

4. FEI Number

35-2164688

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Frederic David

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

19720 Belmont Dr.

City

Miami

FL

Zip Code

33157

**DO NOT WRITE
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]
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
president/owner
christopher M. Folds
1775 SW 7th St. Homestead, FL.
33030

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
NEW OWNER

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President/Co owner
Silvia E. moradel Folds
1775 SW 7th St
Homestead FL 33030

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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]

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

10-31-03 305-245-9649

Date

Daytime Phone #

CR2E083B (12/02)