

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-02-2003 90078 029 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012328

1. Entity Name

BREADS OF EUROPE, L.L.C.



Principal Place of Business

5048 BELLA TERRA DRIVE
VENICE FL 34293-6078

Mailing Address

5048 BELLA TERRA DRIVE
VENICE FL 34293-6078

44004375

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0442910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, N. PERRY
5048 BELLA TERRA DRIVE
VENICE FL 34293-6078

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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]

(NOTE: Registered Agent signature required when re-registering)

DATE

04-30-03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	MANAGING PARTNER	☐ Change	☐ Addition
NAME	N. PERRY/COOK		
STREET ADDRESS	5048 BELLA TERRA DR.		
CITY - ST - ZIP	VENICE FL 34293		
TITLE	MANAGING PARTNER	☐ Change	☐ Addition
NAME	RALPH K. GERHARD		
STREET ADDRESS	CALLE INGA 14, GUAYASLAS MARINAS		
CITY - ST - ZIP	SAN JUAN, PUERTO RICO 00913		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-30-03 904-492-4465