FILED
Jul 23, 2003 8:00 am
Secretary of State
04-21-2003 90110 023 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018925

1. Entity Name
AMERICAN TREASURE SNACKS, LLC

Principal Place of Business	Mailing Address
~~10144 CEDAR DUNE DRIVE~~ ~~TAMPA FL 33624~~	~~10144 CEDAR DUNE DRIVE~~ ~~TAMPA FL 33624~~

55052003

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1227 ASTOR COMMONS PL	1227 ASTOR COMMONS PL
Suite, Apt. #, etc.: # 203	Suite, Apt. #, etc.: # 203
City & State: BRANDON, FL	City & State: BRANDON, FL
Zip: 33511-3726 Country: USA	Zip: 33511-3726 Country: USA

4. FEI Number: 22-3863951 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHANG, ROLANDO 10144 CEDAR DUNE DRIVE TAMPA FL 33624	Name Street Address (P.O. Box Number is Not Acceptable): 1227 ASTOR COMMON PL #203 City: BRANDON FL Zip Code: 33511-3726

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 reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROLANDO CHANG 1227 ASTOR COMMONS PL #203 BRANDON, FL 33511-3726 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED ROLANDO CHANG 04/16/03 813 571 2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #