2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020074

Entity Name: MONI'S CATERING LLC

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1924 SW JAMESPORT DR PORT ST LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 1924 SW JAMESPORT DR PORT ST LUCIE, FL 34953 FEI Number: 37-1448013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SABAJ, MONICA 1924 SW JAMESPORT DRIVE PORT ST. LUCIE, FL 34953 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition DELUCA, JENNIFER SABAJ GEORGE MANAGER Name: Name: 1100 RAINWOOD CIRCLE Address: 1924 SW JAMESPORT DRIVE Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PORT ST. LUCIE, FL 34953 Title: Title: () Change (X) Addition () Delete Name: Name: SABAJ, GEORGE MANAGER Address: Address: 1924 SW JAMESPORT DRIVE City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34953 Title: () Delete Title: MGR. () Change (X) Addition SABAJ, GEORGE MANAGER Name: Name: 1924 SW JAMESPORT DRIVE Address: Address: City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34953 Title: () Delete Title: MGR. () Change (X) Addition Name: Name: SABAJ, GEORGE MANAGER 1924 SW JAMESPORT DRIVE Address: Address: City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34953 Title: () Delete Title: () Change (X) Addition SABAJ, GEORGE MANAGER Name: Name: 1924 SW JAMESPORT DRIVE Address: Address: City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34953 Title: () Delete Title: () Change (X) Addition SABAJ, GEORGE MANAGER Name: Name: Address: Address: 1924 SW JAMESPORT DRIVE PORT ST. LUCIE, FL 34953 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE SABAJ MGR 04/16/2009