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Secretary of State
04-21-2004 90451 044 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022135

1. Entity Name
SWEET CITY, LLC

24049757

Principal Place of Business	Mailing Address
MISSION BAY PLAZA, 20423 STATE ROAD 7 F-3 BOCA RATON, FL 33498	MISSION BAY PLAZA, 20423 STATE ROAD 7 F-3 BOCA RATON, FL 33498

04152004 No Chg-LLC CR2E063 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-2186196
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERMESH, TSIPORA
MISSION BAY PLAZA, 20423 STATE ROAD 7
F-3
BOCA RATON, FL 33498

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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: Tsipi Hermesh 4/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HERMESH, TSIPORA
STREET ADDRESS	20423 STATE ROAD 7, SUITE F-3
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	MGRM
NAME	GARCIA DE ETCHEGARAY, GEORGINA V
STREET ADDRESS	20423 STATE ROAD 7, SUITE F-3
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

NO LONGER A SHARE-HOLDER

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: Tsipi Hermesh 4/15/04 (561)482-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #