

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90040 011 ****50.00

DOCUMENT # L02000031913

1. Entity Name



REAL CARIBBEAN TASTE, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4525 Cypress Creek Ranch Road

Suite, Apt. #, etc.

3. Mailing Address

4525 Cypress Creek Ranch Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Cloud, Florida

City & State

St. Cloud, Florida

4. FEI Number

65-1165468

Applied For

Not Applicable

Zip

34771

Country

USA

Zip

34771

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Aubrey DuQuesnay

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

4525 Cypress Creek Ranch Road

City

St. Cloud

FL

Zip Code

34771

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, 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
Aubrey DuQuesnay
4525 Cypress Creek Ranch Road
St. Cloud, FL 34771

TITLE
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CR2E083B (12/02)

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

Date

Daytime Phone #

4/14/03

407.957-9448