2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

SIGNATURE:

Apr 25, 2008 8:00 am Secretary of State DOCUMENT # L03000002504 1. Entity Name 04-25-2008 90088 001 ***416.25 PUFF 'N STUFF CATERING, LLC Principal Place of Business Mailing Address 250 RIO DRIVE 250 RIO DRIVE ORLANDO FL 32810-6285 ORLANDO FL 32810-6285 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 43-1998301 Not Applicable Zin Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIETEL, WARREN G Street Address (P.O. Box Number is Not Acceptable) 2091 TEMPLE DRIVE WINTER PARK FL 32789 Zip Code 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, typically, statical name of registered argent and title if applicable (NOTE: Registered August signature required when renestating) CATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Change THILE ☐ Delete Addition NAME DIETEL, WARREN G NAME STREET ADDRESS 2091 TEMPLE DRIVE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CHTY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition MARKE MAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P ☐ Delete BUE ☐ Change ☐ Addition ante STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP Change TiT: E Addition TATLE Delete HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TOTAL Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing eyes not (juality for the exemptions contained in Section 119, Florida Statutes. 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 path; that I am a managing member or manager of the limited liability company or the receiver or trustee emphasis to execute this report as required by Chapter 608, Florida Statutes.

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

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