

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90153 034 ****50.00

DOCUMENT # L03000004658

1. Entity Name
CAKE, LLC



Principal Place of Business
**3586 LUCIA DR.
VERO BEACH, FL 32967**

Mailing Address
**3586 LUCIA DR.
VERO BEACH, FL 32967**

DO NOT WRITE IN THIS SPACE



01032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1172426

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VANDEVOORDE, RENE G
1327 NORTH CENTRAL AVE.
SEBASTIAN, FL 32958**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RINEHART GALVIN, CELESTE
3586 LUCIA DR.
VERO BEACH, FL 32967**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GALVIN, KEVIN
3586 LUCIA DR.
VERO BEACH, FL 32967**

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

**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:

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

Date

Daytime Phone #

02/03/05 (772) 589-9368