2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

05-03-2004 90110 023 ****50.00
L03000013237

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 19 PH 1:20
07/19/04

MOORE CR2E083 (11/03)

DOCUMENT # L03000013237

1. Entity Name
TIME FOR CHOCOLATE, LLC

Principal Place of Business	Mailing Address
3244 LITHIA PINECREST, STE. 101 VALRICO FL 33594	3244 LITHIA PINECREST, STE. 101 VALRICO FL 33594

2. Principal Place of Business		3. Mailing Address	
3240 Lithia Pinecrest Rd		3240 Lithia Pinecrest Rd	
Suite, Apt. #, etc.: Suite 101		Suite, Apt. #, etc.: Suite 101	
City & State: Valrico, Fl		City & State: Valrico, Fl	
Zip: 33594	Country: USA	Zip: 33594	Country: USA

4. FEI Number: 41-2090752 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BALESTENA, LOURDES B
3244 LITHIA PINECREST, STE. 101
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name: Balestena, Lourdes B.
Street Address (P.O. Box Number is Not Acceptable): 3240 Lithia Pinecrest Rd. Suite 101
City: Valrico, FL Zip Code: 33594

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] 2/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: Lourdes Balestena STREET ADDRESS: 3240 Lithia Pinecrest Rd Suite CITY-ST-ZIP: Valrico Fl 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 2/2/04 813.571.7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #