

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022897

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** TASTEBUDS CATERING, LLC

**Current Principal Place of Business:**

5410 REESE RD  
DAVIE, FL 33314

**New Principal Place of Business:**

7080 STATE ROAD 84  
BAY 3  
DAVIE, FL 33317

**Current Mailing Address:**

5410 REESE RD  
DAVIE, FL 33314

**New Mailing Address:**

7080 STATE ROAD 84  
BAY 3  
DAVIE, FL 33317

FEI Number: 35-2211400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURRAY, SUSAN D  
440 SOUTH FEDERAL HIGHWAY  
SUITE 102  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GEBAIDE, RACHEL  
Address: 5410 REESE ROAD  
City-St-Zip: DAVIE, FL 33314

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GEBAIDE, RACHEL  
Address: 7080 STATE ROAD 84  
City-St-Zip: DAVIE, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RACHEL GEBAIDE

PRES

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date