## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000027786**

WELLINGTON FOOD SERVICES, LLC



Principal Place of Business

180 ROYAL PALM WAY

SUITE 201 PALM BEACH, FL 33480 Mailing Address

180 ROYAL PALM WAY

SUITE 201

PALM BEACH, FL 33480

## FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90054 034 \*\*\*\*50.00

20031367



04282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TARONE, THEODORE T JR. 180 ROYAL PALM WAY **SUITE 201** DALM BEACH EL 33480

## DO NOT WRITE IN THIS SPACE

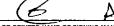
FALM BEACH, FE 33400			III IIII GI AGE			
8. The above the obligat	named entity submits this statement for the purpose of chations of registered agent.	anging its registere	d office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and talle if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE		
FI	lling Fee is \$50.00 ue by May 1, 2005					
9.	MANAGING MEMBERS/MANAGERS		•••			
TITLE	MGR					
NAME	DERENTIIS, JAMES					
STREET ADDRESS	3261 OLDE HAMPTON ROAD					
CITY-ST-ZIP	WELLINGTON, FL 33414					
TITLE						
NAME						
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CITY-ST-ZIP						
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NAME						
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CITY-ST-ZIP			DO NO	I AAUITE		
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STREET ADDRESS						
CITY-ST-ZIP						
TITLE						

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.

SI	IG	Ν	Δ	TL J	IR	E:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP



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

Daytime Phone #