## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029590

Entity Name: WPB CATERING SERVICES, LLC

FILED Jan 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 6252

WEST PALM BEACH, FL 33405

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 6252

WEST PALM BEACH, FL 33405

FEI Number: 20-0142782 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FERNANDEZ, CLARA 4623 FOREST HILL BLVD.

109-6 WEST PALM BEACH, FL 33415 US 4460 CARVER ST LAKE WORTH, FL 33461 US

FERNANDEZ, CLARA

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: CLARA FERNANDEZ 01/30/2004

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS:**

MGRM () Delete

FERNANDEZ, CLARA Name:

Address: 4623 FOREST HILL BLVD., STE. 109-6

City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGRM (X) Delete

Name: SHARFI, ASIF Address: 4623 FOREST HILL BLVD., STE, 109-2

City-St-Zip: WEST PALM BEACH, FL 33415 ADDITIONS/CHANGES:

MGRM (X) Change ( ) Addition

FERNANDEZ, CLARA W Name:

Address: 4460 CARVER

City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLARA W. FERNANDEZ **MGRM** 01/30/2004