

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038226

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** SPECIALTY FOODS DISTRIBUTORS LLC

**Current Principal Place of Business:**

1125 SATINLEAF ST  
HOLLYWOOD, FL 33019 US

**New Principal Place of Business:**

745 WEST 25 ST  
HIALEAH, FL 33010 US

**Current Mailing Address:**

PO BOX 832137  
MIAMI, F 332832137 US

**New Mailing Address:**

**FEI Number:** 20-0306585      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COMPLETE CORPORATE SERVICES, INC.  
7730 SW 68 TER  
MIAMI, FL 33143 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DM DISTRIBUTORS AND, PURVEYORS, INC  
Address: 1125 SATINLEAF ST  
City-St-Zip: HOLLYWOOD, F 33019 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DM DISTRIBUTORS AND, PURVEYORS, INC  
Address: 745 WEST 25 ST  
City-St-Zip: HIALEAH, FL 33010 US

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: DM DISTRIBUTORS AND PURVEYORS, INC      MGRM      04/30/2004

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