

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043380

Entity Name: SANDY CANDY LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

17515 PINES BOULEVARD
PEMBROKE PINES, FL 33029

New Principal Place of Business:

5725 NW 151ST STREET
MIAMI LAKES, FL 33014

Current Mailing Address:

17515 PINES BOULEVARD
PEMBROKE PINES, FL 33029

New Mailing Address:

5725 NW 151ST STREET
MIAMI LAKES, FL 33014

FEI Number: 20-0381449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRADA, BETH A
853 NW 135TH AVENUE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

PRADA, BETH A
5725 NW 151ST STREET
MIAMI LAKES, FL 33014 US

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: BETH A. PRADA

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRADA, BETH A
Address: 853 NW 135TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRADA, BETH A
Address: 5725 NW 151ST STREET
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Change (X) Addition
Name: PRADA, JOSE A
Address: 5725 NW 151ST STREET
City-St-Zip: MIAMI LAKES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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: BETH A. PRADA

MGR

04/28/2006

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