2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# L03000045385

Entity Name: ALEXIA JADE CUISINE, LLC

Current Principal Place of Business:

934 N. UNIVERSITY DR.
425
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

934 N. UNIVERSITY DR,
425
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-0618087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DE SOUZA, PETERGAY L
934 NORTH UNIVERSITY DRIVE
PMB # 425
CORAL SPRINGS, FL 33071 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:	DE SOUZA, PETERGAY L	
Address:	934 NORTH UNIVERSITY DRIVE	
City-St-Zip:	CORAL SPRINGS, FL 33071 US	
Title:	MGRM	( ) Delete
Name:	DE SOUZA, DAVID R	
Address:	934 NORTH UNIVERSITY DRIVE	
City-St-Zip:	CORAL SPRINGS, FL 33071 US	
Title:	MGRM	(X) Delete
Name:	POWELL, BETHOYIA K	
Address:	934 NORTH UNIVERSITY DRIVE	
City-St-Zip:	CORAL SPRINGS, FL 33071 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: PETERGAY DE SOUZA MGRM 04/03/2008

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