

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90216 006 ****50.00

DOCUMENT # L03000045697

1. Entity Name
SUGAR FANTASIES AND MORE, LLC



Principal Place of Business
**3750 W. 16TH AVE, STE #216-218
HIALEAH, FL 33012**

Mailing Address
**3750 W. 16TH AVE, STE #216-218
HIALEAH, FL 33012**

24028745



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
05-0591596

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUHLIG, LUZ S
3750 W. 16TH AVE, STE #216-218
HIALEAH, FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MUHLIG, LUZ S
3750 W. 16TH AVE, STE #216-218
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DE TRIVI, DAVI
3750 W. 16TH AVE, STE #216-218
HIALEAH, FL 33012** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RIVERA, NANCY P
3750 W. 16TH AVE, STE #216-218
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE:

Nancy Rivera

3-22-04

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

Date

Daytime Phone #