

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

03-21-2005 90535 003 ****50.00

DOCUMENT # L04000015317 1. Entity Name NEYCIA FOODS, L.L.C.					
Principal Place of Business 14907 MISSION HILLS DR. HOUSTON TX 77083				Mailing Address 14907 MISSION HILLS DR. HOUSTON TX 77083	
2. Principal Place of Business 1700 SAND LAKE D120 Suite, Apt. #, etc. D 120		3. Mailing Address 2441 LAKE VISTA CT Suite, Apt. #, etc. 203		 1st MOORE CR2E083 (10/04)	
City & State ORLANDO FL		City & State CASTLEBERRY FL		4. FEI Number 57-1198745	
Zip 32809		Zip 32707		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, DAVID 23531 SANDY CREEK TERRACE #906 BONITA SPRINGS FL 34135				7. Name and Address of New Registered Agent Name DUNE HEBRON Street Address (P.O. Box Number is Not Acceptable) 2441 LAKE VISTA CT #203 City CASTLEBERRY FL Zip Code 32707	
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 re-registering) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEBRON, DUNE 14907 MISSION HILLS DR. HOUSTON TX 77083	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEBRON, DUNE 14907 MISSION HILLS DR. HOUSTON TX 77083	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					