

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055045

FILED
Apr 17, 2006
Secretary of State

Entity Name: SAZON TROPICAL -TROPIC TASTE LLC

Current Principal Place of Business:

1174 W. EMBASSY DRIVE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1174 W. EMBASSY DRIVE
DELTONA, FL 32725

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCADO, KIMBERLY R
1174 W. EMBASSY DRIVE
DELTONA, FL 32725 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: MGR () Delete
Name: MERCADO, KIMBERLY R
Address: 1174 W. EMBASSY DRIVE
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM () Delete
Name: CEDENO, ALICIA
Address: 1174W EMBASSY DR
City-St-Zip: DELTONA, FL 32725 US

Title: MGR () Delete
Name: CEDENO, FREDY H
Address: 1174 W. EMBASSY DRIVE
City-St-Zip: DELTONA, FL 32725 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 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: KIMBERLY MERCADO

MGR

04/17/2006

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