

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087042

Entity Name: TRADEWINDS DELI LLC

FILED
Mar 21, 2008
Secretary of State

Current Principal Place of Business:

401 BISCAYNE BLVD
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

555 NE 15 ST
SUITE 102
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 65-1241059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, MICHAEL JR.
555 NE 15 ST
SUITE 102
MIAMI, FL 33132 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: SIMPSON JR, MICHAEL
Address: 555 NE 15 ST #102
City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete
Name: SOFGE, HALEY
Address: 2705 HILOLA ST
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: SOFGE, CHARLES
Address: 114 W SAN MARINO DR
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: SCHUMER, FLORA
Address: 4033 S E HAMMOCK PL
City-St-Zip: JUPITER, FL 33478

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:

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: CHARLES SOFGE

D

03/21/2008

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