


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000092930 1. Entity Name COMPOSTELA FOODS, L.L.C.	
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Principal Place of Business 8666 49TH STREET NORTH PINELLAS PARK, FL 33782	Mailing Address 8666 49TH STREET NORTH PINELLAS PARK, FL 33782
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DO NOT WRITE IN THIS SPACE



04152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2147566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALVARADO PRAT, OSA MARIA
8600 29TH WAY APT 204
PINELLAS PARK, FL 33782**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVARADO PRAT, ROSA MARIA 8600 29TH WAY APT 204 PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRAT, MARIA M 8203 MARIGOLD AVNEUE TAMPA, FL 33614
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rosa M. Alvarado Prat 04-15-08 727-547-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #