

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009016

Entity Name: TOUCH CATERING, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

910 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

860 NE 79 STREET
MIAMI, FL 33138

Current Mailing Address:

910 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

927 LINCOLN ROAD
208
MIAMI BEACH, FL 33139

FEI Number: 20-2270879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE STE. 601
CORAL GABLES, FL 33134 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: TORNEK, DAVID I
Address: 910 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: BRASEL, SEAN
Address: 910 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TORNEK, DAVID I
Address: 927 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR (X) Change () Addition
Name: BRASEL, SEAN
Address: 927 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

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: DAVID I. TORNEK

MGR

04/15/2009

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