

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014161

Entity Name: D-LITEFUL BAKING, L.L.C.

FILED
Jul 30, 2007
Secretary of State

Current Principal Place of Business:

9012 N.W. 105TH WAY
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-2339458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
SUITE 240
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: GUEVARA, JORGE L SR
Address: 9012 NW 105TH WAY
City-St-Zip: MEDLEY, FL 33178

Title: MGR () Delete
Name: GUEVARA, JORGE L JR
Address: 9012 NW 105TH WAY
City-St-Zip: MEDLEY, FL 33178

Title: MGR () Delete
Name: GUEVARA, ERIC B
Address: 9012 NW 105TH WAY
City-St-Zip: MEDLEY, FL 33178

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 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: ERIC GUEVARA

CFO

07/30/2007

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