

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023789

FILED
Feb 22, 2009
Secretary of State

Entity Name: PENGUIN'S FROZEN AND GOURMET DELIGHTS, LLC

Current Principal Place of Business:

2456 SOUTH MAGUIRE ROAD
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

215 NORTH EOLA DRIVE
ORLANDO, FL 32801

New Mailing Address:

2582 SOUTH MAGUIRE ROAD
SUITE 356
OCOEE, FL 34761

FEI Number: 20-2470472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZITZKA, JOSEPH W JR.
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: PADOAN, ARTHUR C
Address: 4079 GREYSTONE DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGR () Delete
Name: PADOAN, JUDY A
Address: 4079 GREYSTONE DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGR () Delete
Name: PADOAN, CHRISTOPHER A
Address: 13714 LENS DALE LANE
City-St-Zip: WINDERMERE, FL 34786 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 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: CHRISTOPHER A. PADOAN

MGR

02/22/2009

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