

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057452

FILED
Sep 10, 2009
Secretary of State

Entity Name: QUALITY FOOD BRANDS, LLC

Current Principal Place of Business:

15590 NW 15TH AV
MIAMI, FL 33169 FL

New Principal Place of Business:

Current Mailing Address:

15590 NW 15TH AV
MIAMI, FL 33169 FL

New Mailing Address:

FEI Number: 20-2975298 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:

Name and Address of New Registered Agent:

FOWLER WHITE BURNETT P.A.
1395 BRICKELL AVENUE
MIAMI, FL 33131 US

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: SANTAELLA, CARLOS
Address: 15590 NW 15TH AV
City-St-Zip: MIAMI, FL 33169 US

Title: MGRM () Delete
Name: DICKINSON, JAIME
Address: 15590 NW 15TH AV
City-St-Zip: MIAMI, FL 33169 US

Title: MGRM () Delete
Name: DICKINSON, SHERIDAN
Address: 15590 NW 15TH AV
City-St-Zip: MIAMI, FL 33169 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: CARLOS SANTAELLA

MGRM

09/10/2009

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