

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064446

FILED
Apr 26, 2008
Secretary of State

Entity Name: ADAME FOOD INTERNATIONAL LLC

Current Principal Place of Business:

21200 HIGHTOWER ROAD
FOUNTAIN, FL 32438

New Principal Place of Business:

Current Mailing Address:

PO BOX 470
FOUNTAIN, FL 32438

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITAKER, SILVIA G MRS.
21200 HIGHTOWER ROAD
FOUNTAIN, FL 32438 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: MGRM () Delete
Name: WHITAKER, SILVIA G MRS.
Address: 21200 HIGHTOWER RD
City-St-Zip: FOUNTAIN, FL 32438

Title: MGRM () Delete
Name: DANIEL, WHITAKER A MR.
Address: 21200 HIGHTOWER RD / PO BOX 470
City-St-Zip: FOUNTAIN, FL 32438

Title: MGRM () Delete
Name: FLORES-HERNANDEZ, SANDRA MS.
Address: 21200 HIGHTOWER RD
City-St-Zip: FOUNTAIN, FL 32438

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: SILVIA G. WHITAKER

MRS.

04/26/2008

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