


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90008 003 ****50.00

DOCUMENT # L05000094174		
1. Entity Name QUANTAFOODS L.L.C.		

Principal Place of Business 3539 GRAND TUSCANY WAY TUSCANY RESERVE NEW SMYRNA BEACH, FL 32168	Mailing Address 3539 GRAND TUSCANY WAY TUSCANY RESERVE NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business 1982 STATE ROAD 44 #359 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State NEW SMYRNA BEACH, FL	City & State
Zip 32168	Country USA




03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3522261	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent YANICK, PAUL JR 3539 GRAND TUSCANY WAY TUSCANY RESERVE NEW SMYRNA BEACH, FL 32168	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	PAUL YANICK, JR. MGRM (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANICK, PAUL JR 3539 GRAND TUSCANY WAY NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	PAUL YANICK, JR. Date Daytime Phone #