FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90045 037 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000094174

1. Entity Name
QUANTAFOODS L.L.C.

Principal Place of Business	Mailing Address
424 LUNA BELLA LN., SUITE 129 #148 NEW SMYRNA BEACH, FL 32168	424 LUNA BELLA LN., SUITE 129 #148 NEW SMYRNA BEACH, FL 32168

50009953

07252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
498 VENETIAN VILLA DRIVE	1982 STATE RD 44
Suite, Apt. #, etc.	Suite, Apt. #, etc. #359
City & State: NEW SMYRNA BEACH, FL	City & State: NEW SMYRNA BEACH, FL
Zip: 32168 Country: VOLUSIA	Zip: 32168 Country: VOLUSIA

4. FEI Number: 20-3522261 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YANICK, PAUL JR 3539 GRAND TUSCANY WAY TUSCANY RESERVE NEW SMYRNA BEACH, FL 32168	Name: YANICK, PAUL JR Street Address (P.O. Box Number is Not Acceptable): 3527 GRANDE TUSCANY WAY City: NEW SMYRNA BEACH FL Zip Code: 32168

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 ✓ ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANICK, PAUL JR 3527 GRANDE TUSCANY WAY NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ✓ [signature] 7/24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #