2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000097840

1. Entity Name
ECUFOODS LLC

Principal Place of Business
396 ALHAMBRA CIRCLE
SUITE 100
CORAL GABLES, FL 33134

Mailing Address
396 ALHAMBRA CIRCLE
SUITE 100
CORAL GABLES, FL 33134

01182008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3609744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1-B
CORAL GABLES, FL 33134

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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
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ISAIAS, ROBERTO
STREET ADDRESS	396 ALHAMBRA CIRCLE, SUITE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	ISAIAS, ESTEFANO
STREET ADDRESS	396 ALHAMBRA CIRCLE, SUITE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	ISAIAS, WILLIAM
STREET ADDRESS	396 ALHAMBRA CIRCLE, SUITE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000321348
05/15/08-80003-005 138.75

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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: _____ 04/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #