

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113374

FILED
Sep 12, 2007
Secretary of State

Entity Name: A TOUCH OF PARADISE CATERING, LLC

Current Principal Place of Business:

219E BURLEIGH BLVD
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

219E BURLEIGH BLVD
TAVARES, FL 32778

New Mailing Address:

FEI Number: 20-4066974 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:

BENI, LINDA
4920 TREASURE CAY ROAD
TAVARES, FL 32778 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: MGR () Delete
Name: BENI, LINDA
Address: 4920 TREASURE CAY ROAD
City-St-Zip: TAVARES, FL 32778

Title: MR. () Delete
Name: BENI, SCOTT J VP.
Address: 4920 TREASURE CAY RD.
City-St-Zip: TAVARES, FL 32778 US

ADDITIONS/CHANGES:

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: LINDA BENI

MGR

09/12/2007

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