

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000114676

1. Entity Name
RAINBOW FOOD PROCESSING & DISTRIBUTING LLC



Principal Place of Business

275 WEST 25TH ST
HIALEAH, FL 33010 US

Mailing Address

275 WEST 25TH ST
HIALEAH, FL 33010 US



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0810051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, LUIS
275 WEST 25TH ST
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CANDELARIO, VICTOR H
275 WEST 25TH ST
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOPEZ, LUIS
275 WEST 25TH ST
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOPEZ, MIGUEL
275 WEST 25TH ST
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VALDES, JOSE A
275 WEST 25TH ST
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80106-015 50.00

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-20-07 305-884-0003