

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90179 010 ****50.00

DOCUMENT # L06000003262

1. Entity Name
PALM BEACH EMPANADAS LLC



Principal Place of Business
**20725 NE 16TH AVE., #A-25
MIAMI, FL 33179**

Mailing Address
**20725 NE 16TH AVE., #A-25
MIAMI, FL 33179**

60035391



2. Principal Place of Business - No P.O. Box #
253 N Federal Highway
Suite, Apt. #, etc.

3. Mailing Address
c/o Mark I Ingber, CPA PA
Suite, Apt. #, etc.
10100 West Sample Road Ste #326

04092007 Chg-LLC CR2E083 (12/06)

City & State
Boca Raton FL
Zip
33432

City & State
Coral Springs FL
Zip
33065-3973

4. FEI Number
20-4100572

Applied For
Not Applicable

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

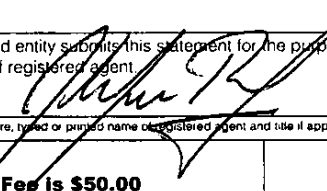
6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 32301-2960**

7. Name and Address of New Registered Agent

Name **Alex J. Robinson**
Street Address (P.O. Box Number is Not Acceptable)
1419 North "O" Street
City **Lake Worth** FL Zip Code **33460**

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

Alex J. Robinson, Manager
(NOTE: Registered Agent signature required when instituting)

4/9/07
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☒ Delete
NAME **ARGIRO, FERNANDO**
STREET ADDRESS **20725 NE 16TH AVE., #A-25**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE **MGR** ☒ Delete
NAME **RANALLI, CARLOS**
STREET ADDRESS **20725 NE 16TH AVE., #A-25**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE **MGR** ☐ Delete
NAME **ROBINSON, ALEX J**
STREET ADDRESS **1419 N "O" STREET**
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR Lisa Davis**
STREET ADDRESS **1419 North "O" Street**
CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Alex J. Robinson, Manager **4/9/07**

DATE

954-510-0109
Daytime Phone #