

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019567

FILED
Apr 10, 2009
Secretary of State

Entity Name: AMAZING FLAVORS CATERING & EVENTS, LLC.

Current Principal Place of Business:

8410 N.W. 53 TERRACE,
SUITE 127
DORAL, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8410 N.W. 53 TERRACE,
SUITE 127
DORAL, FL 33166 US

New Mailing Address:

FEI Number: 20-4804876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA, MANUEL A
8410 N.W. 53RD TERRACE
DORAL, FL 33166 US

Name and Address of New Registered Agent:

VEGA, MANUEL A
8410 N.W. 53RD TERRACE
STE 127
DORAL, FL 33166 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:

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VEGA, SIMONE
Address: 10411 NW 48TH STREET
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: VEGA, MANUEL A
Address: 8410 N.W. 53RD TERRACE
City-St-Zip: DORAL, FL 33178

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: SIMONE VEGA

MS.

04/10/2009

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