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Secretary of State
03-22-2007 90174 009 ****50.00

3/2

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000023823

1. Entity Name
OJEDA'S BAKERY AND CAFETERIA LLC

30004197

Principal Place of Business	Mailing Address
7216 APACHE TRAIL SPRING HILL, FL 34606	7216 APACHE TRAIL SPRING HILL, FL 34606

03172007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2412 COMMERCIAL WAY	2412 COMMERCIAL WAY
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State SPRING HILL, FL	City & State SPRING HILL, FL
Zip 34606 Country HERNANDO	Zip 34606 Country HERNANDO

4. FEI Number 20-4460516 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PEREZ, JOHAN (180 S. VAN DORN ST APART B-219 ALEXANDRIA, VA 22304)~~ ~~1898 W 49 PL #206 HIALEAH, FL 33012~~ FRANCISCO PEREZ 7216 APACHE TRAIL, SPRING HILL, FL 34606	Name ~~N/A~~ FRANCISCO PEREZ Street Address (P.O. Box Number is Not Acceptable) 7216 APACHE TRAIL City SPRING HILL FL Zip Code 34606

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 FRANCISCO PEREZ (OWNER) [signature] 4-2-07
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, FRANCISCO 7216 APACHE TRAIL SPRING HILL, FL 34606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, MILAGROS 7216 APACHE TRAIL SPRING HILL, FL 34606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 3-19-07 (305)934-1077 (CELL)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #