

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 09, 2008  
Secretary of State**

DOCUMENT# L06000031670

Entity Name: COOKING BY ISIS, LLC

**Current Principal Place of Business:**

1455 NW 107TH AVENUE  
492  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

8942 NW 171 STREET  
MIAMI, FL 33018

**New Mailing Address:**

FEI Number: 20-4581986      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:**

VALDES-OROZCO, ARMANDO  
8942 NW 171 STREET  
MIAMI, FL 33018    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:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: VALDES-OROZCO, ARMANDO  
Address: 8942 NW 171 STREET  
City-St-Zip: MIAMI, FL 33018

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: VALDES-OROZCO, ISIS  
Address: 8942 NW 171 STREET  
City-St-Zip: MIAMI, FL 33018

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: ARMANDO VALDES-OROZCO

MNR

07/09/2008

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