

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043230

Entity Name: TORRO FOODS, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

6725 MAIN ST  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6512 NW 200 TERRACE  
MIAMI, FL 33015

**New Mailing Address:**

6725 MAIN ST  
MIAMI, FL 33014

FEI Number: 20-4761297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUEZ, HECTOR F  
6512 NW 200 TERRACE  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

RODRIGUEZ, HECTOR F  
6725 MAIN ST  
MIAMI, FL 33014 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: HECTOR F RODRIGUEZ

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, HECTOR F  
Address: 6512 NW 200 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: DIR ( ) Delete  
Name: RODRIGUEZ, GLORIA  
Address: 6512 NW 200 TERRACE  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RODRIGUEZ, HECTOR F  
Address: 6725 MAIN ST  
City-St-Zip: MIAMI, FL 33014

Title: DIR (X) Change ( ) Addition  
Name: RODRIGUEZ, GLORIA  
Address: 6725 MAIN ST  
City-St-Zip: MIAMI, FL 33014

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: HECTOR F RODRIGUEZ

MGRM

04/30/2008

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