

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043701

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: MIAMI SELECTED FOOD, LLC

**Current Principal Place of Business:**

1810 NW 96TH AVENUE  
MIAMI, FL 33172 US

**New Principal Place of Business:**

2050 NW 95TH AVENUE  
MIAMI, FL 33172 US

**Current Mailing Address:**

1810 NW 96TH AVENUE  
MIAMI, FL 33172 US

**New Mailing Address:**

2050 NW 95TH AVENUE  
MIAMI, FL 33172 US

FEI Number: 65-1277805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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:**

Title: MGRM ( ) Delete  
Name: ROMERA, SEBASTIAN  
Address: 11411 N.W 7TH STREET APT 205  
City-St-Zip: MIAMI, FL 33172 US

Title: MGRM ( ) Delete  
Name: ROSSI, EMILIANO  
Address: 5036 NW 113 AVENUE  
City-St-Zip: MIAMI, FL 33178 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROMERA, SEBASTIAN  
Address: 2050 N.W 95TH AVENUE  
City-St-Zip: MIAMI, FL 33172 US

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: SEBASTIAN ROMERA

MGRM

01/03/2008

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