

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051587

Entity Name: MICHELATTI GOURMET, LLC

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

2349 NE 28 CT
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

2349 NE 28 CT
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 20-4916949 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:

MOODY, JONES & MONTEFUSCO, PA
1333 S. UNIVERSITY DRIVE
201
PLANTATION, FL 33324 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: SABELLA, PATRICIA D
Address: 2149 WARWICK HILLS WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM () Delete
Name: HALE, MICHELE
Address: 2349 NE 28 CT.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: MICHELE HALE

MRS.

06/22/2009

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