

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

06-08-2007 90223 019 ****50.00

DOCUMENT # L06000057721

1. Entity Name
FLORIDA'S FINEST CHOCOLATES, LLC



Principal Place of Business
**703 FLORIDA AVENUE
COCOA, FL 32922 US**

Mailing Address
**1675 S. FISKE BLVD.
235
ROCKLEDGE, FL 32955 US**

60031000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

703 Florida Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06042007 Chg-LLC CR2E083 (12/06)

City & State

City & State
Cocoa, Florida

4. FEI Number

760827576

Applied For

Not Applicable

Zip

Country

Zip

Country

32922

USA

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

**RUMMELHOFF, REGINA J
1675 S. FISKE BLVD.
235
ROCKLEDGE, FL 32955**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUMMELHOFF, REGINA J 1675 S. FISKE BLVD. 235 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Rummelhoff Regina J 703 Florida Ave Cocoa FL 32922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Regina Rummelhoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/31/07 (32) 480-8848

Date Daytime Phone #