



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 29, 2008 8:00 am
Secretary of State

05-06-2008 90005 044 ***138.75

DOCUMENT # L06000061251					
1. Entity Name MOE'S GOURMET BAGELS, LLC					
Principal Place of Business 10600 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE, FL 34952			Mailing Address 4019 S.W. PT. ST. LUCIE BLVD. UNIT 2 PORT ST. LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
4. FEI Number 20-4975644				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent EAVENSON, BRADLEY B 11382 PROSPERITY FARMS ROAD SUITE 222F PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRIESBERG, DECLAN 4019 S.W. PT. ST. LUCIE BLVD., UNIT 2 PORT ST. LUCIE, FL 34953	<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: 			Declan Friesberg		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		