2007 LIMITED LIABILITY. COMPANY ANNUAL REPORT

FILED Feb 23, 2007 8:00 am Secretary of State

| Principal Place of Business Mailling Address | 1. Entity Name BURAK FOODS LLC | | | | | | 02-23-2007 | - | | | |
|---|---|--|-------------------------|---------------|---------------------------------------|--|--------------------------|----------------|---------------|------------|--|
| Salle, Apt. #, etc. Salle, Apt. #, etc. Salle, Apt. #, etc. Salle, Apt. #, etc. City & Slate City & Slate City & Slate City & Slate Country Zip Country Zip Country S. Certificate of Salatus Desired No. Applicable | 1676 S. FED | ERAL HIGHWAY | 1676 S. FEDERAL HIGHWAY | | | I (Benen en l | Litia dan Litin Luan Cum | ERIN TENN HITE | 1 (70) SM 131 | 10 G AÚ | |
| City & State City & FL Zip Code State above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida State of Florida. I am familiar with, and accept the colligation of registered agent, or both, in the State of Florida St | 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | | |
| Zip Country Zip Country 3. Certificate of Status Desired M 5. Certificate Office or registered agent. or both, in the Status of Food Status Desired M 5. Certificate Office or registered agent. or both, in the Status of Food Status Desired M 5. Certificate Office or registered agent. or both, in the Status Desired M 5. Certificate Office or registered agent. or both, in the Status Desired M 6. Certificate Office or registered agent. or both, in the Status Desired M 6. Certificate Office or registered a | | | Suite, Apt. #, etc. | | | 02182007 | Chg-LLC | CR2E08: | 3 (12/06) | | |
| E. Name and Address of Current Registered Agent ATIM, FAYIK 1676 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33483 8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligations of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligation of registered agent, or both, in the State of Florida. I can fareflier with, and accept the obligation of registered agent, or both, in the State of Florida. I can fareflier with, and accept the state of Florida. I can fareflier with, and accept the obligation of registered agent, or both, in the State of Florida. I can fareflier with and accept the state of Florida. I can fareflie | City & State | | | | 4. FEI Numbe | 30/037 | | No | Applicable | | |
| ATIM, FAYIK 1676 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33483 8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florian. I am familiar with, and accept the obligations of registered agent. SIGNATURE FAIL ATTMACTORS OF COLUMN TO THE STATE ATTMACT OF COLUMN TO THE STATE ATTMAC | Zip | · | | | iry | 5. Certificate | of Status Desired | | | | |
| ATIM, FAVIK TILL MARAGINA MARE SITERI ADMESS OTTY-SI-2P TITLE MARE SITERI ADMES | | 6. Name and Address of Current | Registered Agent | | A1 | 7. Name and | Address of New Re | egistered Aç | ent | | |
| Size Address (P.O. Box Number is Not Acceptable) City | ATIM FAVIV | | | | Name | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am inviting with, and accept the obligations of registered agent. SIGNATURE FAME ATTACHMENT ATTACHMENT AGENCY (NOTE Registered Agent agent measured when resisting) Filling Fee is \$30.00 Bigginus 5,503.00 controlled agent and size if appealable. (NOTE Registered Agent agenter measured when resisting) Make check payable to Florida Department of Status 9. MANAGING MEMBERS/MANAGERS 19. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 19. ADDITIONS/CHANGES 1011-S1-2P 1012-MAKE 1014-S1-2P 1014-S1-2P 1015-S1-2P 1016-MAKE 1017-S1-2P 1016-MAKE 1017-S1-2P 1016-MAKE 1017-S1-2P 1017-S1-2P 1018-MAKE 1017-S1-2P 1018-MAKE 1018-S1000455 1017-S1-2P 1018-MAKE 1018-MA | 1676 S. FE | EDERAL HIGHWAY | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| B. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am furnisher with, and accept the obligations of registered agent. SIGNATURE FILE CONTROL CONTR | | | | | City | | | | Zip Code | | |
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| Filing Foe is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ATIM, FAYIK NAME STREET ADDRESS CITY-ST-2P TITLE NAME S | the obligations of registered agent. | | | | | | | | | | |
| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TILE MGRM ATIM, FAYIK | SIGNATURE FAULY ATIM DO 100 (NOTE: Registered Agent signature required when revisitating) DATE O2 20 2007 DATE | | | | | | | | | | |
| TITLE MAKE ATIM, FAYIK ATIM, FAYIK 1676 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33483 CITY-ST-2P CITY-S | | | | | | | | | | · | |
| ATIM, FAYIK 1676 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33483 Delete | 9. | MANAGING MEMBE | RS/MANAGERS | 10. | · ··· · · · · · · · · · · · · · · · · | I | ADDITIONS/ | CHANGES | | | |
| TITLE MANE STREET ADDRESS CITY-ST-ZP TITLE MANE | NAME STREET ADDRESS | ATIM, FAYIK 1676 S. FEDERAL HIGHWAY | □ O clete | NAMI STRE | E Et adoress | | | į | Change | Addition | |
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| NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information | NAME STREET ADDRESS | | ☐ Delete | NAME STRE | E Et adoress | | | 1 | Change | ☐ Addition | |
| The control of the co | NAME STREET ADDRESS CITY-ST-ZIP | certify that the information conclied with | | NAME STRE | ET ADORESS -ST-ZIP | in Chenter 119 | Florida Statutae J fu | | • | | |