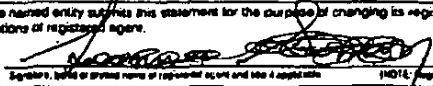
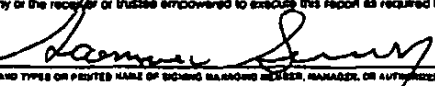


FILED
Sep 10, 2007 8:00 am
Secretary of State

03-23-2007 90172 009 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000077519			
1. Entity Name SIMON FOODS, LLC			
Principal Place of Business 181 RARDIN AVE PAHOKEE, FL 33476		Mailing Address 181 RARDIN AVE PAHOKEE, FL 33476	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 181 RARDIN AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PAHOKEE FL		4. FEI Number 72-169658	
Zip 33476	Country WESTPAU	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANITOR, ERIC 535 GREYTWIG ROAD STE 5 VERO BEACH, FL 32963		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE 3/14/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
LAENNEC SIMON ☐ Delete 4675 MANDERLY DR WELLINGTON FL 33467		Pres. Laennec Simon 4675 Manderly Dr. Wellington, FL 33467 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CHANTAL SIMON ☐ Delete 4675 MANDELY DR WELLINGTON FL 33467		Sec. Chantal Simon 4675 Manderly Dr Wellington, FL 33467 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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 606, Florida Statutes.			
SIGNATURE: 		3/14/07 561-924-7602	