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

30012720

Principal Place of Business	Mailing Address
181 RARDIN AVE PAHOKEE, FL 33476	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	City & State: PAHOKEE FL
Zip / Country	Zip: 33476 / Country: WESTPALM

02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 72-1619658 — Applied For / Not Applicable

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

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] 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 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	LAENNEC SIMON 4675 MANDERLY DR WELLINGTON FL 33467 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Laennec Simon 4675 Manderly Dr. Wellington, FL 33467 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHANTAL SIMON 4675 MANDELY DR WELLINGTON FL 33467 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Chantal Simon 4675 Manderly Dr Wellington, FL 33467 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 608, Florida Statutes.

SIGNATURE: [signature] 3/14/07 561-924-7602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #