

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077894

FILED
Jun 25, 2008
Secretary of State

Entity Name: SWEET FLAVOR OF FLORIDA LLC

Current Principal Place of Business:

1000 MICHIGAN AVENUE
309
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1000 MICHIGAN AVENUE
309
MIAMI BEACH, FL 33139

New Mailing Address:

5055 NW 74 AVENUE
3
MIAMI, FL 33137

FEI Number: 35-2275296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEFEBVRE, ARNAUD
1000 MICHIGAN AVENUE
309
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOUCHARB, JAMIL
Address: 1602 ALTON RD #134
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: LEFEBVRE, ARNAUD
Address: 1000 MICHIGAN AVE #309
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARNAUD LEFEBVRE

OWNE

06/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date