

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077894

FILED
Mar 13, 2009
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:

5055 NW 74TH AVE
#3
MIAMI, FL 33166

Current Mailing Address:

5055 NW 74 AVENUE
3
MIAMI, FL 33137

New Mailing Address:

5055 NW 74TH AVE
#3
MIAMI, FL 33166

FEI Number: 35-2275296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: BOUCHAREB, 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: JAMIL BOUCHAREB

MGMR

03/13/2009

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