2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L06000081304

Entity Name: ACHSAH'S DELIGHT BAKERY, LLC

Current Principal Place of Business:

3075 NW 19TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

3075 NW 19TH STREET
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 20-5679481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, WAYNE
3075 NW 19TH STREET
FORT LAUDERDALE, FL 33311 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:	JONES, WYNE	
Address:	3075 NW 19TH STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
Title:	MGRM	( ) Delete
Name:	JONES, HYACINTH	
Address:	3075 NW 19TH STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
Title:	MGRM	( ) Delete
Name:	BROWN, MILLICENT	
Address:	BEVERLY DISTRICT, ST. ANN'S BAY	
City-St-Zip:	ST. ANN, JAMAICA, W.I.,	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: WAYNE JONES MGR 04/08/2009

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