

FILED
Jun 25, 2007 8:00 am
Secretary of State

04-30-2007 90075 023 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000085129			
1. Entity Name IOAN BAKERY HOLDINGS, LLC			
Principal Place of Business 140 SW CHAMBER COURT 200 PORT ST. LUCIE, FL 34986		Mailing Address 140 SW CHAMBER COURT 200 PORT ST. LUCIE, FL 34986	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent MILLER, ARI N 3351 NW BOCA RATON BLVD. BOCA RATON, FL 33431		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 the 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 typed or printed name of registered agent, and file # applicable (N/A) if Registered Agent signature required when registering 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	MGR LASKARIS, JAMES 1509 JOHNSON FERRY ROAD, SUITE T4 MARIETTA, GA 30062 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1050 Cambridge Square, Ste. A Alpharetta, GA 30004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR IOANNIDES, TIM 140 SW CHAMBER COURT, # 200 PORT ST. LUCIE, FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 prepare this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4/24/07 954-345-6684 Office Phone #			

30011166



03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number **205469497** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required