

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90333 038 ***138.75

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 # 670 So Marietta Pkwy Suite, Apt. #, etc. _____		3. Mailing Address 1050 Cambridge Square Suite, Apt. #, etc. Suite A	
City & State Marietta, Ga. Zip 30068 Country _____		City & State Alpharetta, Ga Zip 30004 Country _____	
4. FEI Number 20-5469497		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. 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 Ari N. Miller Street Address (P.O. Box Number is Not Acceptable) 3421 N. UNIVERSITY DRIVE City Orlando State FL Zip Code 32805	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/5/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 1050 CAMBRIDGE SQUARE, STE. A ALPHARETTA, GA 30004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IOANNIDES, TIM 140 SW CHAMBER COURT, # 200 PORT ST. LUCIE, FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		James Laskaris PNR-9/5/08 954-840-0522 <small>Date Daytime Phone #</small>	

60013363



03062008 Chg-LLC CR2E083 (12/06)

Address change