

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 11, 2007  
Secretary of State**

DOCUMENT# L06000085228

Entity Name: LEFLEUR FOOD SERVICES, LLC

**Current Principal Place of Business:**

4567 CARTHAGE CIR N  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4567 CARTHAGE CIR N  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 20-5473547      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:**

**Name and Address of New Registered Agent:**

FARINACCI, GLENN R  
2275 SOUTH FEDERAL HIGHWAY  
SUITE #130  
DELRAY BEACH, FL 33483 US

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: HARVARD, FLORA  
Address: 4567 CARTHAGE CIR N  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

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: FLORA HARVARD

MGRM

07/11/2007

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