

FILED
May 31, 2007 8:00 am
Secretary of State

05-03-2007 90255 015 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30009296

DOCUMENT # L06000092381					
1. Entity Name INDELIBLE FOODS, L.L.C.					
Principal Place of Business 12121 N.E. 16TH AVENUE NORTH MIAMI, FL 33161			Mailing Address 12121 N.E. 16TH AVENUE NORTH MIAMI, FL 33161		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOSEPH A. SPIRIT, JR P.A. 12121 N.E. 16TH AVENUE NORTH MIAMI, FL 33161				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when resigning) 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	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, STEVEN G		NAME		
STREET ADDRESS	12121 N.E. 16TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRITI, JOSEPH A JR		NAME		
STREET ADDRESS	12121 N.E. 16TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____				Date: 705-899-5117 April 30, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	