

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90035 035 ***143.75

50008312



07172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2617544 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DOCUMENT # L06000105464
1. Entity Name
WILDLY RIPE CATERING LLC



Principal Place of Business Mailing Address
5198 MOELLER AVE 5198 MOELLER AVE
SARASOTA, FL 34233 SARASOTA, FL 34233

2. Principal Place of Business No P.O. Box, # 3. Mailing Address
1747 Meadowood St 1747 Meadowood St

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sarasota, FL Sarasota

Zip Country Zip Country
34231 USA 34231 USA

6. Name and Address of Current Registered Agent

MELVIN, MELODIE A MS.
5198 MOELLER AVE
SARASOTA, FL 34233
1747 Meadowood St
Sarasota, FL 34231

7. Name and Address of New Registered Agent

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 *A.N.* DATE 7/21/08
(Signature, typed or printed name of registered agent and date acceptable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELVIN, MELODIE A MS. 5198 MOELLER AVE SARASOTA, FL 34233 <i>1747 Meadowood St SRQ, FL 34231</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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"/> Ad
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"/> Ad
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"/> Ad
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"/> Ad
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"/> Ad
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"/> Ad

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.

A.N. 7/21/08