

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000106594

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** CAYARD'S WHOLESALE BAKERY, LLC

**Current Principal Place of Business:**

12205 NORTHEAST 13TH COURT  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

12205 NORTHEAST 13TH COURT  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 74-3207194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BORGOGNONI, GREGORY P  
2665 SOUTH BAYSHORE DRIVE, SUITE 701  
BORGOGNONI & GUTIERREZ  
MIAMI, FL 33133 US

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

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:** GREGORY P. BORGOGNONI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PST ( ) Delete  
**Name:** CAYARD, LYONEL  
**Address:** 12205 NORTHEAST 13TH COURT  
**City-St-Zip:** NORTH MIAMI, FL 33161

**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:** LYONEL CAYARD

PST

03/18/2009

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