

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115815

**FILED**  
**Jan 15, 2008**  
**Secretary of State**

**Entity Name:** ALARBE FOODS PLANTATION, LLC

**Current Principal Place of Business:**

7501 N KENDALL DRIVE  
FC9  
MIAMI, FL 33156

**New Principal Place of Business:**

6985 WEST BROWARD BLVD.  
PLANTATION, FL 33317

**Current Mailing Address:**

7501 N KENDALL DRIVE  
FC9  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 33-1149298      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

POLER, ELI  
12439 SW 123 PL  
MIAMI, FL 33186    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: POLER, ELI  
Address: 7501 N KENDALL DRIVE FC 9  
City-St-Zip: MIAMI, FL 33156

**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: ELI POLER      MGRM      01/15/2008

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