FILED
Aug 02, 2007 8:00 am
Secretary of State
04-02-2007 90441 004 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30012076

DOCUMENT # L06000116655

1. Entity Name
KROME COUNTRY MARKET LLC

Principal Place of Business	Mailing Address
10190 NW 116TH WAY MEDLEY, FL 33178 US	10190 NW 116TH WAY MEDLEY, FL 33178 US

02272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20090 SW 177 Ave	20090 SW 177 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33187 Country: MIAMI-DADE	Zip: 33187 Country: MIAMI-DADE

4. FEI Number: 20-8167144 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAZANT, LARRY S
1920 EAST HALLANDALE BEACH BLVD.
SUITE 510
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANCHEZ, ANGELA 10190 NW 116TH WAY MEDLEY, FL 33178	☐ Delete	MGRM SANCHEZ ANGELA 1533 ASTURIA AVE. CORAL GABLES FL 33134	☑ Change	☐ Addition
		☐ Delete	MEMBER MGRM PHYLLIS ANN SACCO 13482 SW 153 TERR. MIAMI FL 33177	☐ Change	☒ Addition
		☐ Delete	MEMBER MGRM BERNARDO A. SANCHEZ 19336 SW 78 Ave MIAMI FL 33187	☐ Change	☒ Addition
		☐ Delete	MEMBER MGRM ELIZABETH EDWARD 14012 SW 153 TERR MIAMI FL 33177	☐ Change	☒ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

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: _____ ANGELA SANCHEZ MGRM 4/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #