


FILED
Apr 09, 2007 8:00 am
Secretary of State

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DOCUMENT # L06000118084				Secretary of State	
1. Entity Name R&R FOODS, LLC				04-09-2007 90344 027 ****50.00	
Principal Place of Business 5783 CENTER RING ROAD SARASOTA, FL 34243		Mailing Address 5783 CENTER RING ROAD SARASOTA, FL 34243			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-8021704	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOERR, KENNETH D 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				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 NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: Rick Umar				4/1/07 941-359-2827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	