

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90314 017 ****55.00

DOCUMENT # L06000122910

1. Entity Name

FINE FOODS LLC



Principal Place of Business

Mailing Address

3820 NW 71ST ST
COCONUT CREEK FL 33073
US

3820 NW 71ST ST
COCONUT CREEK FL 33073
US



2. Principal Place of Business - No P.O. Box #

6251 Powerline Rd

Suite, Apt. #, etc.

3. Mailing Address

6251 Powerline Rd

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Fort Lauderdale, FL

Zip
33309

Country

City & State

Fort Lauderdale, FL

Zip

33309

Country

4. FEI Number

11-3801790

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILTON, MAURICE A
3820 NW 71ST ST
COCONUT CREEK FL 33073

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HILTON, MAURICE A
STREET ADDRESS 3820 NW 71ST ST
CITY- ST- ZIP COCONUT CREEK FL 33073

TITLE MGRM ☐ Delete
NAME HILTON, JEAN M
STREET ADDRESS 3820 NW 71ST ST
CITY- ST- ZIP COCONUT CREEK FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #