

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001582

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** LA PROVENCE FRENCH BAKERY - WHOLESALE, LLC

**Current Principal Place of Business:**

2106 NW 13TH AVENUE  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

2106 NW 13TH AVENUE  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 75-3237006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION COMPANY OF MIAMI  
2525 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

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

BIENSTOCK, NEIL  
2106 NW 13TH AVENUE  
MIAMI, FL 33142 US

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: NEIL BIENSTOCK

03/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THAU, DAVID  
Address: 1627 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: THAU, DAVID  
Address: 2106 NW 13TH AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: VP ( ) Change (X) Addition  
Name: BIENSTOCK, NEIL  
Address: 2106 NW 13TH AVENUE  
City-St-Zip: MIAMI, FL 33142

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: NEIL BIENSTOCK

VP

03/17/2009

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