


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90006 021 ***138.75

DOCUMENT # L07000025840	
1. Entity Name CATERING BY SARINI L.L.C.	

Principal Place of Business 8600 JCG RD. BOYNTON BEACH, FL 33437	Charge to / Mailing Address 8600 JCG RD. BOYNTON BEACH, FL 33437
--	---

50008367



2. Principal Place of Business - No P.O. Box # 7352 LAKE WORTH Rd	3. Mailing Address 7352 LAKE WORTH Rd
Suite, Apt. #, etc. LAKE WORTH	Suite, Apt. #, etc. LAKE WORTH
City & State FLORIDA	City & State FLORIDA
Zip 33467	Country USA

07112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 61-1523384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent NANCY B. COLMAN ESQ. C/O BARITZ & COLMAN LLP 1075 BROKEN SOUND PKWY NW, #102 BOCA RATON, FL 33487	7. Name and Address of New Registered Agent Name SARINI BLACK Street Address (P.O. Box Number is Not Acceptable) 5314 ISLAND GYPSY DR City GREENACRES FL Zip Code 33463
---	--

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.

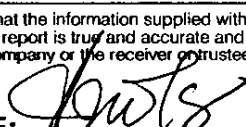
SIGNATURE  DATE **7/5/08**

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

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
--	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACK, SARA M 7931 BRIDLINGTON DRIVE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SARINI BLACK 5314 ISLAND GYPSY DR GREENACRES FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE:  DATE **7/5/08** (561) 964-8707

Signature typed or printed name of signing managing member, manager, or authorized representative