2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

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Entity Name: AMORE HOME N' GOURMET, L.L.C.

Current Principal Place of Business:

1315 LEE ROAD
WINTER PARK, FL 32789 US

New Principal Place of Business:

525 EAST GORE ST
ORLANDO, FL 32806 US

Current Mailing Address:

1315 LEE ROAD
WINTER PARK, FL 32789 US

New Mailing Address:

525 EAST GORE ST
ORLANDO, FL 32806 US

FEI Number: 20-8767454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
SUITE 4
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MCDERMOTT, SHARLENE	
Address:	1315 LEE ROAD	
City-St-Zip:	WINTER PARK, FL 32789 US	
Title:	MGR	(X) Delete
Name:	KELLY, GEORGE	
Address:	1315 LEE ROAD	
City-St-Zip:	WINTER PARK, FL 32789 US	
Title:	MGR	( ) Delete
Name:	ZAKARI, AUSTIN A	
Address:	525 EAST GORE STREET	
City-St-Zip:	ORLANDO, FL 32806 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: AUSTIN ZAKARI MGR 04/07/2008

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