

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039278

FILED
Apr 14, 2008
Secretary of State

Entity Name: OLYMPIA CATERING OF FLORIDA, LLC

Current Principal Place of Business:

4400 N. FEDERAL HIGHWAY
SUITE 210
BOCA RATON, FL 33431

New Principal Place of Business:

3100 S.W. 13TH DRIVE
DEERFIELD BEACH, FL 33442

Current Mailing Address:

4400 N. FEDERAL HIGHWAY
SUITE 210
BOCA RATON, FL 33431

New Mailing Address:

2907 N. COTTONWOOD STREET
UNIT #9
ORANGE, CA 92865

FEI Number: 71-1030700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEROW, JEFFREY S
4400 N. FEDERAL HIGHWAY
SUITE 210
BOCA RATON, FL 33431 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: MGRM () Delete
Name: MARTINEZ, JACQUELINE
Address: 4400 N. FEDERAL HIGHWAY, SUITE 210
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Delete
Name: MARTINEZ, IVANIA
Address: 4400 N. FEDERAL HIGHWAY, SUITE 210
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTINEZ, JACQUELINE
Address: 2907 N. COTTONWOOD STREET UNIT #9
City-St-Zip: ORANGE, CA 92865

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: JACQUELINE MARTINEZ

MGRM

04/14/2008

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