

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000040762

**Entity Name:** CULINARY ADVENTURES, LLC

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

837 NORTH LAKE CLAIRE CIR  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

837 NORTH LAKE CLAIRE CIR  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 51-0632509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PICONE, SHARON  
837 NORTH LAKE CLAIRE CIR  
OVIEDO, FL 32765 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  
Name: PICONE, SHARON  
Address: 837 NORTH LAKE CLAIRE CIR  
City-St-Zip: OVIEDO, FL 32765

I hereby 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: SHARON PICONE

MGR.

01/22/2010

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