

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046812

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** CULINARY ENRICHMENTS LLC

**Current Principal Place of Business:**

8512 ALESSANDRIA CT.  
NAPLES, FL 34114 US

**New Principal Place of Business:**

**Current Mailing Address:**

8512 ALESSANDRIA CT.  
NAPLES, FL 34114 US

**New Mailing Address:**

FEI Number: 20-8971863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: VAUPEL, LINDA  
Address: 8512 ALESSANDRIA CT.  
City-St-Zip: NAPLES, FL 34114 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FURRIE, LINDA  
Address: 8512 ALESSANDRIA CT.  
City-St-Zip: NAPLES, FL 34114 US

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: LINDA M. FURRIE

PRES

04/16/2009

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