2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

04-28-2008 90037 047 ***138.75

DOCUMENT # L07000047310

1. Entity Name
FOOD GENIE, LLC

Principal Place of Business	Mailing Address
4175 PINELLA CIR.	4175 PINELLA CIR.
SUITE 382	SUITE 382
PALM BEACH GARDENS, FL 33410	PALM BEACH GARDENS, FL 33410

01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0145791 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUSCA, DAVID P	Name: David Susca
10304 MYRTLE WOOD CIRCLE WEST	Street Address (P.O. Box Number is Not Acceptable): 4175 Pinella Cir. Apt. 382
PALM BEACH GARDENS, FL 33418	City: Palm Beach Gardens FL Zip Code 33410

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 [signature] 4/21/08

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SUSCA, DAVID P 10304 MYRTLE WOOD CIRCLE WEST PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Susca, David P 4175 Pinella Cir. Apt. 382 Palm Beach Gardens, FL 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: [signature]