

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047477

FILED
Apr 25, 2009
Secretary of State

Entity Name: FOOD QUALITY LLC

Current Principal Place of Business:

13252 NW 1ST LANE
MIAMI, FL 33161

New Principal Place of Business:

13252 NW 1ST LANE
MIAMI, FL 33182

Current Mailing Address:

13252 NW 1ST LANE
MIAMI, FL 33161

New Mailing Address:

13252 NW 1ST LANE
MIAMI, FL 33182

FEI Number: 20-8966040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, HERNAN D
13252 NW 1 LANE
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

MUNOZ, HERNAN D
13252 NW 1 LANE
MIAMI, FL 33182 US

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: HERNAN MUNOZ

04/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MUNOZ, HERNAN D
Address: 13252 NW 1 LANE
City-St-Zip: MIAMI, FL 33182

Title: MGR () Delete
Name: CRUZ, SANDRA M
Address: 13252 NW 1 LANE
City-St-Zip: MIAMI, FL 33182

Title: MGR () Delete
Name: CRUZ, ARTURO E
Address: 13252 NW 1 LANE
City-St-Zip: MIAMI, FL 33182

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: HERNAN D MUNOZ

MGRM

04/25/2009

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