2008 LIMITED LIABILITY COMPANY

Mar 03, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L07000055678 03-03-2008 90403 009 ***138.75 BHV FOOD SERVICES, LLC Principal Place of Business Mailing Address 17177 NORTHWAY CIRCLE 17177 NORTHWAY CIRCLE BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152008 CR2E083 (12/06) Chg-LLC City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VOGEL, BERNARD H 17177 NORTHWAY CIRCLE Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL. 33496 Zip Code FL 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, 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 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE. ☐ Delete TITLE Change ☐ Addition VOGEL, BERNARD H NAME NAME STREET ADDRESS 17177 NORTHWAY CIRCLE STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete FITLE ☐ Change [Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby 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 truetee empeyered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #