

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057961

FILED
Apr 30, 2009
Secretary of State

Entity Name: PARK AVENUE CAFE AND BAKERY, LLC

Current Principal Place of Business:

1406 VALENCIA STREET
SANFORD, FL 32771

New Principal Place of Business:

1406 CYPRESS AVE.
SANFORD, FL 32771

Current Mailing Address:

1406 VALENCIA STREET
SANFORD, FL 32771

New Mailing Address:

1406 CYPRESS AVE.
SANFORD, FL 32771

FEI Number: 26-0388288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACK, JOSEPH H
1406 VALENCIA STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

MACK, JOSEPH H
1406 CYPRESS AVE.
SANFORD, FL 32771 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MACK, JOSEPH H
Address: 1406 VALENCIA STREET
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: MACK, SHEILA M
Address: 1406 VALENCIA STREET
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MACK, JOSEPH H
Address: 1406 CYPRESS AVE.
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change () Addition
Name: MACK, SHEILA M
Address: 1406 CYPRESS AVE.
City-St-Zip: SANFORD, FL 32771

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: JOSEPH H MACK

MGRM

04/30/2009

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