

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071960

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: THANORD PROVISIONS ALIMENTARES, LLC

**Current Principal Place of Business:**

1481 SW 26 AVE.  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

1481 SW 26 AVE.  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number: 13-4361925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONDESIR & ALEXIS, PA  
1640 WEST OAKLAND PARK BLVD.  
SUITE 303  
FT. LAUDERDALE, FL 33311 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: MGR ( ) Delete  
Name: ACHILLE, PIERRE  
Address: 2826 NORTH DIXIE HWY  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR ( ) Delete  
Name: DUPLESSY, ULRICK  
Address: 1017 GROVE PARK  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: MGR ( ) Delete  
Name: BERNARD, JEAN JOSEPH  
Address: 2826 NORTH DIXIE HWY  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM ( ) Delete  
Name: THANORD PROVISIONS ALIMENTARES  
Address: DELMA 17, LORIMER DANIS STREET #19  
City-St-Zip: PORT-AU-PRINCE, HAITI, HA 00000

**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:

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: PIERRE ACHILLE

PRES

04/29/2009

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