

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90223 035 \*\*\*143.75

<b>DOCUMENT # L07000072136</b> 1. Entity Name <b>MEATS AND SOME MORE, LLC</b>			
Principal Place of Business <b>1526 BROOKEBRIDGE DR. ORLANDO, FL 32825</b>		Mailing Address <b>1526 BROOKEBRIDGE DR. ORLANDO, FL 32825</b>	
2. Principal Place of Business - No P.O. Box # <b>857 Woodbury Rd.</b> Suite, Apt. #, etc. <b>Suite 104</b> City & State <b>Orlando, FL</b> Zip <b>32828</b> Country <b>USA</b>		3. Mailing Address <b>857 Woodbury Rd.</b> Suite, Apt. #, etc. <b>Suite 104</b> City & State <b>Orlando, FL</b> Zip <b>32828</b> Country <b>USA</b>	
4. FEI Number <b>26-0971529</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TIRADO-CHIODINI, PL 1621 BARR ST. OVIEDO, FL 32765</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RODRIGUEZ, ABNORY 1526 BROOKEBRIDGE DR. ORLANDO, FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>03/04/08</b> Daytime Phone # _____	