

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073306

FILED  
May 15, 2009  
Secretary of State

**Entity Name:** DON ANGELO'S CAFE BAKERY LLC

**Current Principal Place of Business:**

1855 CASSAT AVENUE  
SUITE 3  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

1855 CASSAT AVENUE  
SUITE 3  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 26-0538229      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DEL CIOPPPO, ANGELO  
6020 GEORGE WOOD LANE WEST  
JACKSONVILLE, FL 32244      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PRADO, FERNANDO  
Address: 6020 GEORGE WOOD LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM      ( ) Delete  
Name: DEL CIOPPPO, ANGELO  
Address: 2238 NW 4TH STREET  
City-St-Zip: MIAMI, FL 331253323

**ADDITIONS/CHANGES:**

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: FERNANDO PRADO

MGR

05/15/2009

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