

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085197

FILED  
Jul 18, 2009  
Secretary of State

Entity Name: CATERING U, LLC.

**Current Principal Place of Business:**

918 NW 126TH AVENUE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

918 NW 126TH AVENUE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 26-0781753      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:**

GUGLIELMO, RICHARD  
918 NW 126TH AVENUE  
CORAL SPRINGS, FL 33071      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: MGRM ( ) Delete  
Name: GUGLIELMO, RICHARD  
Address: 918 NW 126TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM ( ) Delete  
Name: GUGLIELMO, SUSAN  
Address: 918 NW 126TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33071

**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: RICHARD GUGLIELMO

MGRN

07/18/2009

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