2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 13, 2008 8:00 am Secretary of State

| DOCUMENT # L07000086091 1. Entity Name DELICIOUS FOOD LLC | | | | | | | 05-12-2008 | 8 90120 023 * | **138.75 |
|--|-------------------|---|---|--------------|--|----------------|--|---------------------------------------|-------------------------------|
| Principal Place of Business 1810 J&C BLVD. SUITE #4 NAPLES, FL 34109 US | | | Mailing Address 3241 68TH STREET S.W. NAPLES, FL 35105 US | | | i iranen | 17 88M 118N 86M 88M 88M | |)9250 |
| 2. Principal P | lace of Busin | ness - No P.O. Box # | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 04242008 | Chg-LLC | CR2E083 (12/0 | 06) |
| City & State | | | City & State | | | 4. FEI Nurni | 33386 5 | | Applied For Not Applicable |
| Zip | Country | | Zip Count | | itry | 5. Certificat | e of Status Desired | □ \$5.00 Fee Req | Additional ulred |
| | 6. Name | and Address of Current F | agistered Agent | | Name | 7. Name an | d Address of New R | egistered Agent | |
| VALENTIN | E, CONS | TAÑCE M | · - - | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 3241 68TH NAPLES, I | | | | | Street Address | (P.U. Box Numi | Der is Not Acceptable | · · · · · · · · · · · · · · · · · · · | |
| 15.0 | | | | | City | | · · · · · · · · · · · · · · · · · · · | ₽1 Zin (| Code |
| | • | | The second of the second is | , | FL Zip Code | | | | |
| 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 egistered agent. | | | | | | | | | |
| SIGNATURE Styribure, typed or proved name of registered agent and size if applicable. (NOTE: Registered agents signature required when remotating) DATE DATE | | | | | | | | | |
| File After May | NOW!!! 1, 2008 | FEE IS \$138.75 Fee will be \$538.75 | | | | | Make check payable to Florida Department of State | | |
| 9, | | MANAGING MEMBER | | 10. | | | ADDITIONS/ | | |
| TITLE NAME | MGR VALENTI | NE, CONSTANCE M | Delate TITLE | | i i | | | Chan | ge Addition |
| STREET ADDRESS CITY-ST-ZIP | 3241 68T | H STREET S.W. FL 34105 | | STRE | ET ADORESS -ST-7IP | | | | ! |
| TITLE | MGR | 16 04100 | Delete IITLE | | | | | ☐ Chan | ge Addition |
| NAME | 1 | NE, EFRAIN | HAM STEE | | E ET ADORESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | H STREET S.W. FL 34105 | | | -ST-ZIP | | | | |
| THLE | ☐ Delete | | | | | | | ☐ Chan | ge 🔲 Addition |
| STREET ADDRESS | | • | | NAME | ET ADORESS | | | | |
| CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | |
| TITLE NAME | | | | | E | | | Chan | ge Addition |
| STREET ADDRESS CITY+ST-ZIP | | | | STRE | ET ADDRESS -ST-ZIP | | | | |
| me | ☐ Delete | | | | F T | | | Chan | ge 🔲 Addition |
| NAME STREET ADDRESS | | | | NAAA STRE | E ET ADDRESS | | | | |
| CITY-ST-ZIP | ļ | | | | -SI-ZIP | | | | |
| TOLE | | | ☐ Delete | turi | | | | Chan | ge 🔲 Addition |
| NAME STREET ADDRESS | | | | NAM STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | <u></u> | | | | -ST-ZIP | | | | |
| 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 eath; that I am a managing member or manager of the limited liability company outpe receiver or trustee empowerped to execute this report as required by Chapter 608, Figlida Statutes. | | | | | | | | | |
| (1) () M/1 - 1 | | | | | | | | | |
| SIGNATURE THE OR PRINTED HAME OF BURNING MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE DOG DOG DOGS PROTED & | | | | | | | | | |