06/11/2008 04:33 2399471387 SMALL BUSIN

2008-06-11 11:30 ATLIXCO FOODS INC 2394171095 >> 2399471387

FILED
Jun 16, 2008 8:00 am
Secretary of State
05-01-2008 90028 034 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000086255

1. Entity Name
MORALES INVESTMENTS, LLC

372-56-1151

30009367

Principal Place of Business	Mailing Address
11510 TAMIAMI TRAIL EAST, NAPLES, FL 34113	11510 TAMIAMI TRAIL EAST, NAPLES, FL 34113
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-2783083 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, FRANK
3333 RENAISSANCE BOULEVARD
SUITE 205
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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 registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. Date

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORALES, DELFINO M	NAME	
STREET ADDRESS	11510 TAMIAMI TRAIL EAST	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARIA C. MONTES, AKA MARIA C MORALES	NAME	
STREET ADDRESS	11510 TAMIAMI TRAIL EAST	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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 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: ______
Signature and typed or printed name of managing member, manager, or authorized representative. Date. Daytime Phone #