

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092265

FILED  
Jan 23, 2008  
Secretary of State

Entity Name: CEDARS WHOLESale INTERNATIONAL FOOD, LLC

## Current Principal Place of Business:

845 N GARLAND AVE  
200  
ORLANDO, FL 32801

## New Principal Place of Business:

4708 L. B. MCLEOD  
ORLANDO, FL 32811

## Current Mailing Address:

845 N GARLAND AVE  
200  
ORLANDO, FL 32801

## New Mailing Address:

4708 L. B. MCLEOD  
ORLANDO, FL 32811

FEI Number: 26-0876036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEMEH, SHAWQI  
845 N. GARLAND AVE  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

NEMEH, SHAWQI  
4708 L. B. MCLEOD  
ORLANDO, FL 32811 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: SHAWQI NEMEH

01/23/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SAAB, CHARBEL  
Address: 845 N GARLAND AVE  
City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Delete  
Name: NEMEH, SHAWQI  
Address: 845 N GARLAND AVE  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: NEMEH, SHAWQI  
Address: 4708 L. B. MCLEOD  
City-St-Zip: ORLANDO, FL 32801

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: SHAWQI NEMEH

MGR

01/23/2008

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