## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000093590

Entity Name: ADAMANTIA'S CATERING LLC

FILED Mar 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6945 9TH AVE. NORTH 6945 9TH AVE. NORTH

ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 US

Current Mailing Address: New Mailing Address:

6945 9TH AVE. NORTH 6945 9TH AVE. NORTH

ST. PETERSBURG, FL 33710 US

FEI Number: 26-0652027 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

HORAN, CHRISTINE
6945 9TH AVE. NORTH
ST. PETERSBURG, FL 33710 US
HORAN, CHRISTINE
12734 TAR FLOWER DR.
TAMPA, FL 33626 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: 03/25/2008

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name: IRIZARRY, KATHRYN Name: IRIZARRY, KATHRYN Address: 6945 9TH AVE. NORTH Address: 6945 9TH AVE. NORTH

City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: IRIZARRY, JOE Name: IRIZARRY, JOE Address: 6945 9TH AVE, NORTH Address: 6945 9TH AVE, NORTH

City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition

 Name:
 Name:
 AYALA, MICHAEL

 Address:
 1759- 12TH. AVE. NORTH

 City-St-Zip:
 City-St-Zip:
 ST.PETERSBURG, FL 33710 US

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition

Name: AYALA, DANIEL

Address: Address: 8301 SOLONO BAY LOOP - APT..#1731

City-St-Zip: City-St-Zip: TAMPA, FL 33635 US

 Name:
 Name:
 AYALA, ANGELIKA

 Address:
 Address:
 10571- SW 6TH.ST

City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33025 US

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: KATHRYN IRIZARRY MGR 03/25/2008