

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093590

FILED
Aug 31, 2009
Secretary of State

Entity Name: ADAMANTIA'S CATERING LLC

Current Principal Place of Business:

6945 9TH AVE. NORTH
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

6945 9TH AVE. NORTH
ST. PETERSBURG, FL 33710 US

New Mailing Address:

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

HORAN, CHRISTINE
12734 TAR FLOWER DR.
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: IRIZARRY, KATHRYN
Address: 6945 9TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: MGRM () Delete
Name: IRIZARRY, JOE
Address: 6945 9TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: MGRM () Delete
Name: AYALA, MICHAEL
Address: 1759- 12TH. AVE. NORTH
City-St-Zip: ST.PETERSBURG, FL 33710 US

Title: MGRM () Delete
Name: AYALA, DANIEL
Address: 8301 SOLONO BAY LOOP - APT..#1731
City-St-Zip: TAMPA, FL 33635 US

Title: MGRM () Delete
Name: AYALA, ANGELIKA
Address: 10571- SW 6TH.ST.
City-St-Zip: PEMBROKE PINES, FL 33025 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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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: KATHRYN IRIZARRY

MGR

08/31/2009

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