

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093590

FILED  
Mar 31, 2010  
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)

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

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

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

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

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

I hereby 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

03/31/2010

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