

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90040 043 ***138.75

DOCUMENT # L07000096550					
1. Entity Name WOLF & WOLF FRUITS AND VEGETABLES, LLC					
Principal Place of Business 541 S ORLANDO AVE STE 207 MAITLAND, FL 32754			Mailing Address 350 MAIN STREET BUILDING 2 STE 5 BEDMINSTER, NJ 07021-2689		
2. Principal Place of Business - No P.O. Box # 2747 Dorell Avenue Suite, Apt. #, etc.		3. Mailing Address 20 North Orange Avenue Suite, Apt. #, etc. Suite 600			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 20-3545427	
Zip 32814		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, ROBERT 541 S ORLANDO AVE STE 207 MAITLAND, FL 32754			7. Name and Address of New Registered Agent Name: Hendry, Stoner, Calandrino & Brown, P.A. Street Address (P.O. Box Number is Not Acceptable): 20 North Orange Avenue, Suite 600 City: Orlando, FL Zip Code: 32801		
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: <u>Hendry, Stoner, Calandrino & Brown, P.A.</u> DATE: <u>4/25/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME SUMMIT TRADING INTERNATIONAL LLC STREET ADDRESS 350 MAIN STREET BUILDING 2 STE 5 CITY-ST-ZIP BEDMINSTER, NJ 079212689	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME WOLF & WOLF FRUITS & VEGETABLES INC STREET ADDRESS 541 SOUTH ORLANDO AVE STE 201 CITY-ST-ZIP MAITLAND, FL 32754	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2747 Dorell Avenue CITY-ST-ZIP Orlando, Florida 32814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME LATO INC STREET ADDRESS 200 SOUTH BISCAYNE BLVD CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME GUICE, HARRY STREET ADDRESS 4231 WHISTLEWOOD CIR CITY-ST-ZIP LAKELAND, FL 33811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4-15-08</u> Daytime Phone #		