

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90017 012 ***138.75

DOCUMENT # L07000098034					
1. Entity Name DELICIOSO CAFE, LLC					
Principal Place of Business 2526 US 19TH HOLIDAY, FL 34691			Mailing Address 2526 US 19TH HOLIDAY, FL 34691		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 23739 POW WOW DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LUTZ, FL		04292008 Chg-LLC CR2E083 (12/06)	
Zip		Zip 33559		4. FEI Number 26-1141427	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TURINO, ADI M 6408 AMUNDASON ST TAMPA, FL 33634			7. Name and Address of New Registered Agent Name: MANUEL E. TURINO Street Address (P.O. Box Number is Not Acceptable): 23739 POW WOW DR City: LUTZ FL Zip Code: 33559		
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: DATE: 04/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (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 MGR NAME TURINO, ADI M STREET ADDRESS 6408 AMUNDASON ST CITY-ST-ZIP TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete		TITLE MANUEL E. TURINO - MANAGER NAME 23739 POW WOW DR STREET ADDRESS LUTZ, FL 33559 CITY-ST-ZIP LUTZ, FL 33559	<input type="checkbox"/> Change <input checked="" 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	
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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:			DATE: 04/30/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		