2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2008
Secretary of State

DOCUMENT# L07000098446

Entity Name: FATHER & SON CONFECTIONS II, LLC

Current Principal Place of Business:

6166 NW 23RD
BOCA RATON, FL 33434

New Principal Place of Business:

1945 ALOMA AVENUE
WINTER PARK, FL 32792

Current Mailing Address:

6166 NW 23RD
BOCA RATON, FL 33434

New Mailing Address:

2320 SIERRA LANE
MAITLAND, FL 32751

FEI Number: 33-1182849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

BOSACK, KAREY L
1177 SE 3RD AVENUE
FORT LAUDERDALE, FL 33316 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: MGRM ( ) Delete
Name: BLEICH, MICHAEL
Address: 6166 NW 23RD
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM ( ) Delete
Name: BLEICH, ALAN L
Address: 6166 NW 23RD
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: BLEICH, ALAN L
Address: 2320 SIERRA LANE
City-St-Zip: MAITLAND, FL 32751

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: ALAN BLEICH MGMR 09/07/2008

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