

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102083

Entity Name: CROISSANT FACTORY, LLC

FILED
Jul 24, 2008
Secretary of State

Current Principal Place of Business:

120 EAST MORSE BLVD
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

120 EAST MORSE BLVD
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 26-1212488 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:

Name and Address of New Registered Agent:

CAHAGNE, FRANCOIS
120 EAST MORSE BLVD
WINTER PARK, FL 32789 US

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: CAHAGNE, FRANCOIS G
Address: 120 EAST MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: CAHAGNE, PHILIPPE Y
Address: 120 EAST MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAHAGNE, FRANCOIS G
Address: 1909 NATALEN RD
City-St-Zip: WINTER PARK, FL 32792

Title: MGR (X) Change () Addition
Name: CAHAGNE, PHILIPPE Y
Address: 1927 GRAND ISLE CIRCLE APT. 731A
City-St-Zip: ORLANDO, FL 32810

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: FRANCOIS CAHAGNE

MGR

07/24/2008

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