2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000116285

Entity Name: PASTRIES & MORE, LLC

Current Principal Place of Business:

14344 STATE ROAD 535
ORLANDO, FL 32821

New Principal Place of Business:

7901 KINGS POINT PARKWAY
8
ORLANDO, FL 32819

Current Mailing Address:

P.O. BOX 22195
ORLANDO, FL 32830

New Mailing Address:

FEI Number: 26-1467307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARAYA, CAROLINA
14344 STATE ROAD 535
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

BARAYA, CAROLINA
7901 KINGS POINT PARKWAY
8
ORLANDO, FL 32819 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: CAROLINA BARAYA 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BARAYA, CAROLINA
Address: 14344 STATE ROAD 535
City-St-Zip: ORLANDO, FL 32821

Title: MGR ( ) Delete
Name: MARULANDA, CARLOS
Address: 14344 STATE ROAD 535
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BARAYA, CAROLINA
Address: P.O. BOX 22195
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: MGR (X) Change ( ) Addition
Name: MARULANDA, CARLOS
Address: P.O BOX 22195
City-St-Zip: LAKE BUENA VISTA, FL 32830

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: CAROLINA BARAYA MGR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date