

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116764

Entity Name: GRACE KENDALL, LLC

FILED
Feb 13, 2012
Secretary of State

Current Principal Place of Business:

GRACE KENDALL, LLC / PIZZA & PASTA
8734 MILLS DRIVE
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

% CESAR ALVAREZ
8161 SW 24TH COURT APT.# 302
DAVIE, FL 33324

New Mailing Address:

GRACE KENDALL, LLC / PIZZA & PASTA
8734 MILLS DRIVE
MIAMI, FL 33183

FEI Number: 26-0146624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JR., WILLIAM J ESQ.
1600 W. COMMERCIAL BLVD., STE. 100
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

ALVAREZ, CESAR A
1600 W. COMMERCIAL BLVD., STE. 100
FORT LAUDERDALE, FL 33309 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: CESAR A. ALVAREZ

02/13/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ALVAREZ, CESAR A
Address: 8161 SW 24TH COURT #302
City-St-Zip: DAVIE, FL 33324

Title: MGR
Name: ALVAREZ, ROBERT M
Address: 189 WALNUT AVE
City-St-Zip: BOGOTA, NJ 07603

Title: MGRM
Name: ALVAREZ, CESAR
Address: 436 FORT LEE ROAD
City-St-Zip: LEONIA, NJ 07605

Title: MGRM
Name: ALVAREZ, ALBERTO
Address: 549 RIDGELAND TERRACE
City-St-Zip: ENGLEWOOD, NJ 07631

Title: MGRM
Name: ALVAREZ, GUILLERMO
Address: 445 CAPE MAY STREET
City-St-Zip: ENGLEWOOD, NJ 07631

I hereby 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: CESAR ALVAREZ

MGR

02/13/2012

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