

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116815

Entity Name: 3SPICE CATERING, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

6835 SW 45TH LANE
8
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 960021
MIAMI, FL 33296 US

New Mailing Address:

FEI Number: 06-1831848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERO, MARLEN
6835 SW 45TH LANE
8
MIAMI, FL 33155 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: PALMERO, MARLEN
Address: PO BOX 960021
City-St-Zip: MIAMI, FL 33296 US

Title: MGRM () Delete
Name: NINO, LEE
Address: PO BOX 960021
City-St-Zip: MIAMI, FL 33296 US

Title: MGRM () Delete
Name: NINO, JEFFREY
Address: PO BOX 960021
City-St-Zip: MIAMI, FL 33296 US

Title: MGRM () Delete
Name: TORRES, JESSIE
Address: PO BOX 960021
City-St-Zip: MIAMI, FL 33296 US

ADDITIONS/CHANGES:

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

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

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

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

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: MARLEN PALMERO

MGRM

04/30/2008

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