

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010617

FILED
Jul 23, 2009
Secretary of State

Entity Name: OUHLALA GOURMET, LLC

Current Principal Place of Business:

7262 SW 52ND COURT
MIAMI, FL 33143

New Principal Place of Business:

363 ARAGON AVE #812W
CORAL GABLES, FL 33134

Current Mailing Address:

7262 SW 52ND COURT
MIAMI, FL 33143

New Mailing Address:

363 ARAGON AVE #812W
CORAL GABLES, FL 33134

FEI Number: 26-2011154 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:

LESUR, JEROME
7262 SW 52ND COURT
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

JADE ASSOCIATES MIAMI INC
100 N BISCAYNE BLVD - STE 500
MIAMI, FL 33132 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: OLIVIER SUREAU

07/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILON, STEPHANIE
Address: 44 QUAI DE LA REPUBLIQUE, 22410
City-St-Zip: ST QUAY PORTIEUX, FRANCE,

Title: MGRM () Delete
Name: MILON, FABIAN
Address: 44 QUAI DE LA REPUBLIQUE, 22410
City-St-Zip: ST QUAY PORTIEUX, FRANCE,

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILON, STEPHANIE
Address: 363 ARAGON AVE #812W
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: MILON, FABIAN
Address: 313 ARAGON AVE #812W
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: NOUAILLES, GILLES
Address: 13 PLACE DE LA FONTAINE
City-St-Zip: CHERBOURG, FR 50100 FR

Title: MGR () Change (X) Addition
Name: NOUAILLES, MARINE
Address: 8 RUE WILSON
City-St-Zip: BINIC, FR 22520 FR

Title: MGR () Change (X) Addition
Name: SCORDEL, KARINE
Address: 7845 SW 53 PL
City-St-Zip: SOUTH MIAMI, FL 33143

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: FABIAN MILON

MGRM

07/23/2009

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