

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028331

FILED
Apr 28, 2009
Secretary of State

Entity Name: ASHBADASH FOODS LLC

Current Principal Place of Business:

15030 S.W. 51 STREET
MIRAMAR, FL 33027

New Principal Place of Business:

17850 NW 57TH AVE
MIAMI, FL 33015

Current Mailing Address:

15030 S.W. 51 STREET
MIRAMAR, FL 33027

New Mailing Address:

PO BOX 542528
GREENACRES, FL 33454

FEI Number: 41-2273709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'FERRALL, MARC A
15030 S.W. 51 STREET
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

O'FERRALL, MARC A
6804 NW 116TH AVE.
PARKLAND, FL 33076 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'FERRALL, ANDREA
Address: 15030 S.W. 51 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM () Delete
Name: O'FERRALL, MARC
Address: 15030 S.W. 51 STREET
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'FERRALL, ANDREA
Address: 6804 NW 116TH AVE.
City-St-Zip: PARKLAND, FL 33076

Title: MGRM (X) Change () Addition
Name: O'FERRALL, MARC
Address: 6804 NW 116TH AVE.
City-St-Zip: PARKLAND, FL 33076

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: AYANA HART

EXEC

04/28/2009

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