

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029136

FILED  
Feb 28, 2009  
Secretary of State

Entity Name: GREATHOUSE GOURMET, LLC

**Current Principal Place of Business:**

9825 SW 105 TERRACE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

9825 SW 105 TERRACE  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 26-2100872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBERTS, TANYA  
9825 SW 105 TERRACE  
MIAMI, FL 33176 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: CORNUCOPIA HOME GALL, ERY, LLC  
Address: 9825 SW 105 TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Delete  
Name: LEE, DANIELLE K  
Address: 4734 NW 109 COURT  
City-St-Zip: MIAMI, FL 33178

Title: MGR ( ) Delete  
Name: ROBERTS, TANYA  
Address: 9825 SW 105 TERRACE  
City-St-Zip: MIAMI, FL 33176

**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:

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: DANIELLE K LEE

MGR

02/28/2009

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