

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058944

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: EZE PERSONAL CHEF, LLC

**Current Principal Place of Business:**

6740 S.W. 32 STREET  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6740 S.W. 32 STREET  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, IRMA A MS  
6740 S.W. 32 STREET  
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: PRES ( ) Delete  
Name: MOORE, IRMA A MS  
Address: 6740 S.W. 32 STREET  
City-St-Zip: MIAMI, FL 33155

Title: VP-1 ( ) Delete  
Name: POLLARD, IRENE E MRS  
Address: 9193 PARAGON WAY  
City-St-Zip: BOYTON BEACH, FL 33437

**ADDITIONS/CHANGES:**

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: IRMA A. MOORE

PD

04/17/2009

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