## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000059315

Entity Name: FOOD FOR GENES, LLC

FILED Mar 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2112 PINE STREET, UNIT 1R 736 MANTON STREET PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19147

**Current Mailing Address: New Mailing Address:** 

2112 PINE STREET, UNIT 1R 736 MANTON STREET PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19147

FEI Number: 26-2766633 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DEBUSK, RUTH 3583 DORIS DRIVE TALLAHASSEE, FL 323032304 US

MANAGING MEMBERS/MANAGERS:

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change ( ) Addition () Delete WILLIAMS, JENNIFER Name: DOLAN, JENNIFER Name:

2112 PINE STREET, UNIT 1R Address: 736 MANTON Address: City-St-Zip: PHILADELPHIA, PA 19103 City-St-Zip: PHILADELPHIA, PA 19147

Title: MGRM () Delete Title: MEMB (X) Change ( ) Addition

DEBUSK, RUTH Name: DEBUSK, RUTH Name: Address: 3583 DORIS DRIVE Address: 3583 DORIS DRIVE

City-St-Zip: TALLAHASSEE, FL 323032304 City-St-Zip: TALLAHASSEE, FL 323032304

Title: MGRM () Delete Title: MEMB (X) Change ( ) Addition HUBBARD, JOHN HUBBARD, JOHN Name: Name: Address: 57 PLYMOUTH Address: 57 PLYMOUTH

City-St-Zip: **IRVINE. CA 92620** City-St-Zip: IRVINE, CA 92620

Title: MGRM ( ) Delete Title: MEMB (X) Change ( ) Addition

Name: HUBBARD, IONELA Name: HUBBARD, IONELA Address: 57 PLYMOUTH Address: 57 PLYMOUTH City-St-Zip: IRVINE, CA 92620 City-St-Zip: IRVINE, CA 92620

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: JENNIFER DOLAN 03/27/2009