

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084838

FILED
Apr 14, 2009
Secretary of State

Entity Name: FLAVORFUL EXPERIENCE, LLC

Current Principal Place of Business:

2253 BEARDSLEY DRIVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2253 BEARDSLEY DRIVE
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 94-3444325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. FORT, DAVIDSON
2253 BEARDSLEY DRIVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

ST. FORT, DAMECIA
2253 BEARDSLEY DRIVE
APOPKA, FL 32703 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: DAMECIA ROSS-ST.FORT

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ST. FORT, DAVIDSON
Address: 2253 BEARDSLEY DRIVE
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM () Delete
Name: ROSS, DAMECIA
Address: 2253 BEARDSLEY DRIVE
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ST. FORT, DAMECIA
Address: 2253 BEARDSLEY DRIVE
City-St-Zip: APOPKA, FL 32703 US

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: DAMECIA ROSS-ST.FORT

CEO

04/14/2009

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