

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095563

FILED
Sep 11, 2009
Secretary of State

Entity Name: DETOUR FOOD LLC

Current Principal Place of Business:

100 N BISCAYNE BLVD
801
MIAMI, 33132

New Principal Place of Business:

100 N BISCAYNE BLVD
801
MIAMI, FL 33132

Current Mailing Address:

100 N BISCAYNE BLVD
801
MIAMI, 33132

New Mailing Address:

100 N BISCAYNE BLVD
801
MIAMI, FL 33132

FEI Number: 26-3510428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JADE ASSOCIATES MIAMI INC
100 N BISCAYNE BLVD
500
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

GIRAUD, STEPHANE
109 1ST DILIDO TERRACE
MIAMI BEACH, FL 33139 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: STEPHANE GIRAUD

09/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIRAUD, STTEPHANE
Address: 109 1ST DILIDO TERRACE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: GERVAIS, MAXIME
Address: ROUTE DE LORGUES QUARTIER LA RESERVE
City-St-Zip: TARADEAU, FR 83460 FR

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: STEPHANE GIRAUD

MGRM

09/11/2009

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