

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000033373

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** BEST FRIENDS CATERING, LLC

**Current Principal Place of Business:**

8016 COUNTRY CLUB ROAD NORTH  
SAINT PETERSBURG, FL 33710 US

**New Principal Place of Business:**

5752 55TH TERRACE NORTH  
KENNETH CITY, FL 33709 US

**Current Mailing Address:**

8016 COUNTRY CLUB ROAD NORTH  
SAINT PETERSBURG, FL 33710 US

**New Mailing Address:**

5752 55TH TERRACE NORTH  
KENNETH CITY, FL 33709 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

WARD, RACHEL M  
8016 COUNTRY CLUB ROAD NORTH  
SAINT PETERSBURG, FL 33710 US

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

MANLEY, NICOLE A  
5752 55TH TERRACE NORTH  
KENNETH CITY, FL 33709 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: NICOLE ANNE MANLEY

04/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MANLEY, MICHAEL J  
Address: 5752 55TH TERRACE NORTH  
City-St-Zip: KENNETH CITY, FL 33709 US

Title: MGRM  
Name: MANLEY, NICOLE A  
Address: 5752 55TH TERRACE NORTH  
City-St-Zip: KENNETH CITY, FL 33709 US

Title: MGRM  
Name: WARD, RACHEL M  
Address: 8016 COUNTRY CLUB ROAD NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710 US

I hereby 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: NICOLE ANNE MANLEY

MGRM

04/26/2010

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