2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

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Entity Name: EL SABOR OSTOLAZA, LLC

Current Principal Place of Business:

1995 CR 78 WEST
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1665
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 37-1646005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSTOLAZA, VICTOR F SR
1995 CR 78 WEST
LABELLE, FL 33935 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: MGRM
Name: OSTOLAZA, VICTOR F SR
Address: P O BOX 1665 / 1995 CR 78 WEST
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM
Name: OSTOLAZA, DIANE L
Address: P O BOX 1665 / 1995 CR 78 WEST
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM
Name: OSTOLAZA, VICTOR F JR
Address: P O BOX 1665 / 1995 CR 78 WEST
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM
Name: OSTOLAZA, VANESSA D
Address: P O BOX 1665 / 1995 CR 78 WEST
City-St-Zip: LABELLE, FL 33975 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 Statues.

SIGNATURE: VICTOR F. OSTOLAZA, SR MGRM 04/10/2012

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