

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000025974

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** BONNIE'S BEST BITES LLC

**Current Principal Place of Business:**

400 E BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33435 US

**New Principal Place of Business:**

410 E. BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33435 US

**Current Mailing Address:**

P O BOX 741242  
BOYNTON BEACH, FL 33474 US

**New Mailing Address:**

**FEI Number:** 27-5163022      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BROWN, BONNIE  
9857 LEMONWOOD DR  
BOYNTON BEACH, FL 33437 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:** MGR  
**Name:** BROWN, BONNIE  
**Address:** 9857 LEMONWOOD DR  
**City-St-Zip:** BOYNTON BEACH, FL 33437 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: BONNIE BROWN

MGR

02/28/2012

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