

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138113

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SONIA'S CARIBBEAN CUISINE, LLC

**Current Principal Place of Business:**

1526 SE ROYAL GREEN CIRCLE  
APT L 102  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1526 SE ROYAL GREEN CIRCLE  
APT L 102  
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACAVOY, SONIA  
1526 SE ROYAL GREEN CIRCLE  
APT L 102  
PORT ST LUCIE, FL 34952 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: MACAVOY, SONIA  
Address: 1526 SE ROYAL GREEN CIRCLE APT L 102  
City-St-Zip: PORT ST LUCIE, FL 34952 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: SONIA MACAVOY

MGR

04/30/2012

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