APPROVED AND FILED

00 MAY -1 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000192

Name
MEDFOODS L.C.

Principal Place of Business	Mailing Address
725 NW 100TH ROAD SUITE 4 MEDLEY FL 33178	11725 NW 100TH ROAD SUITE 4 MEDLEY FL 33178-1013

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0729167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONTESSA, PAUL ESQ 15321 SOUTH DIXIE HIGHWAY SUITE 207 MIAMI FL 33157	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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*****55.00 *****55.00

MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
☐ Delete MGRM ABRANTE, ALBERTO SR 11725 NW 100TH RD, STE 4 MEDLEY FL 33178	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete MGRM ABRANTE, JOSE SR 11725 NW 100TH RD, STE 4 MEDLEY FL 33178	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete MGRM ABRANTE, JOSE JR 11725 NW 100TH RD, STE 4 MEDLEY FL 33178	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PAID ☐ Change ☐ Addition
☐ Delete MGRM SERVITJE-MONTULL, LORENZO JR 600 N SHEPHERD DR, STE 511 HOUSTON TX 77007	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Check # 1608 Date 1-12-00 ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (9/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.