2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 08, 2000 08:00 AM DOCUMENT # L9900008084 1. Entity Name **Secretary of State** SDA FOOD VENTURES, L.L.C. Principal Place of Business Mailing Address 3808 OCITA DRIVE 3808 OCITA DRIVE ORLANDO FL ORLANDO FL 32837 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL 59-3609650 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32837 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC. 390 N. ORANGE AVE., SUITE 1100 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL. 32801 US Zip Code 8. 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. 06/08/2000 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE ☐ Change X Addition NAME HODGE CHERYL AMGR STREET ADDRESS STREET ADDRESS 3808 OCITA DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO \mathbf{FL} 32837 Delete TITLE MGR TITLE ☐ Change X Addition NAME HODGE SCOTT NAME JMGR STREET ADDRESS STREET ADDRESS 3808 OCITA DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO \mathbf{FL} 32837 TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

^{11.} 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.