

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000002029**

1. Entity Name  
**SWEET CANDY, LLC**



Principal Place of Business  
**4165 EAST LA PALMA  
SUITE 200  
ANAHEIM, CA 92807**

Mailing Address  
**4165 EAST LA PALMA  
SUITE 200  
ANAHEIM, CA 92807**



03042005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0729397**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PARACORP INCORPORATED  
236 EAST 6TH AVE.  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

000000265100  
04/04/05-80097-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KIM, WOOK JIN 3370 GRAND AVE. 2ND FLR. CHINO HILLS, CA 91709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PINECREEK CAPITAL 24 CORPORATE PLAZA #160 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ST. CLOUD CAPITAL PARTNERS 433 N. CAMDEN DR. #500 BEVERLY HILLS, CA 91290
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**DAVID KIM**

**03/04/05**

Date

**(714) 223-1080**

Daytime Phone #