

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90025 017 ****50.00

DOCUMENT # M02000002367					
1. Entity Name PREFERRED FREEZER SERVICES OF SOUTH FLORIDA, LLC					
Principal Place of Business 12855 NW 113 COURT MIAMI, FL 33178			Mailing Address 231 ELM STREET PERTH AMBOY, NJ 08861		
2. Principal Place of Business		3. Mailing Address 360 AVENUE P Suite, Apt. #, etc. 3rd Floor City & State NEWARK NJ Zip 07105 Country USA			
Suite, Apt. #, etc.		City & State			
City & State		Zip		Country	
Zip		Country		4. FEI Number 14-1845708	
Country		Zip		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				20038584	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREFERRED FREEZER SERVICES OF SO. FLA, INC 231 ELM STREET PERTH AMBOY, NJ 08861		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER PREFERRED FREEZER SERVICES OPERATING, LLC 360 AVENUE P NEWARK, NJ 07105	
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/21/06</u> Daytime Phone # _____		