2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am

						Secreta	ry or Si	ıate
DOCUMENT # M0200002367 1. Entity Name PREFERRED FREEZER SERVICES OF SOUTH FLORIDA, LLC							00025 017 ****	
Principal Place	e of Business	Mailing Address						
12855 NW 113 COURT MIAMI, FL 33178		231 ELM STREET Perth Amboy, NJ 08861			20038584			
2. Principal Place of Business		3. Mailing Address 3.00 MENNE P						
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3 rd F/001		04112006	Chg-LLC	CR2E083 (11/0		
City & State		City & State KWARK NJ		4. FEI Numb 14-184			Applied For Not Applicable	
Zip	Country	Zip	Country US &			of Status Desired	□ \$5.00 A Fee Requ	
	6. Name and Address of Current I	Registered Agent		Nama	7. Name and	Address of New Ro	egistered Agent	
CORPORATION SERVICE COMPANY				Name				
1201 HAYS	S STREET SSEE, FL 32301-2525	Street Address		ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
				City			FL Zip C	
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	office or reg	gistered agent, or bo	th, in the State of Flo	rida. I am familiar wi	th, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a							
	Signature, typed or printed name or registered agent a	ind title if applicable. (NOT	E: Registered A	gent signature re	equired when reinstating)		DATE	
	iling Fee is \$50.00 ue by May 1, 2006	nd title if applicable. (NOT	E: Registered A	lgent signature re	equired when reinstating)		e check payable to Department of St	
	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE	:	E: Registered A				e check payable to Department of St	ate
9. TITLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.	[M	AN ACCE	Florida ADDITIONS/	e check payable to Department of St CHANGES	e Addition
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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 true ee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/2166