

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082105

**FILED**  
**Mar 01, 2009**  
**Secretary of State**

**Entity Name:** SUPERIOR FROZEN FRUITS DISTRIBUTOR, LLC

**Current Principal Place of Business:**

19700 SW 192ND STREET  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

19700 SW 192ND STREET  
MIAMI, FL 33187

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REYES, YVETTE B  
800 SO. DOUGLAS ROAD  
140  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

REYES, YVETTE B  
9710 EAST INDIGO STREET  
SUITE 202  
MIAMI, FL 33157 US

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: YVETTE B. REYES

03/01/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      REYES, RONNEY  
Address:                      19700 SW 192ND STREET  
City-St-Zip:                      MIAMI, FL 33187

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONNEY REYES

MGRM

03/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date