I hereby certify that the information indicated on this report or supplemental report is true and accu	urate and that my electronic signature shall have th	e 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 t	trustee empowered to execute this report as require	ed by Chapter 605, Florida Statutes; and		
that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE: JOSEPH FAGO	MGR	04/17/2014		

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	FAGO, JAMIE E	Name	FAGO, JOSEPH P
Address	2811 BIARRITZ DRIVE	Address	2811 BIARRITZ DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

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.

FAGO, JAMIE E

SIGNATURE:

2811 BIARRITZ DRIVE PALM BEACH GARDENS. FL 33410

DOCUMENT# L10000088261

PALM BEACH GARDENS, FL 33410

2811 BIARRITZ DRIVE

Current Principal Place of Business:

FEI Number: 27-3798979

Current Mailing Address:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: SOUTHERN BELLE'S CAKERY, LLC

2811 BIARRITZ DRIVE PALM BEACH GARDENS, FL 33410 US

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2014 Secretary of State CC5326018644

Date

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail