

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000009280

Entity Name: DEL MONTE DINING, LLC**Current Principal Place of Business:**241 SEVILLA AVE
CORAL GABLES, FL 33134**Current Mailing Address:**241 SEVILLA AVE
CORAL GABLES, FL 33134 US**FEI Number:** 82-2286484**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRC
Name	ZAKHARIA, YOUSSEF
Address	241 SEVILLA AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	CHIEF ACCOUNTANT
Name	FRONTELA, CARLOS
Address	241 SEVILLA AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	DUMAS, DANNY
Address	241 SEVILLA AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	BAGHDADI, WISSAM
Address	241 SEVILLA AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	S
Name	GORDON, MARLENE
Address	241 SEVILLA AVE
City-State-Zip:	CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARLENE GORDON**SECRETARY****03/23/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date