

**2023 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 MEMBER  
Name LE SIR A, RONAN  
Address 241 SEVILLA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name ABBAS, MOHAMMED  
Address 241 SEVILLA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name NABULSI, ZIAD  
Address 241 SEVILLA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name THOMPSON, PETER M.  
Address 241 SEVILLA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title MEMBER  
Name LA NUEZ, IRIS  
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:** ZIAD NABULSI

MANAGER

01/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date