

FILED  
Feb 14, 2003 8:00 am  
Secretary of State

01-29-2003 90043 003 \*\*\*\*50.00

1/2

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000005808

1. Entity Name

WITHROW FOODS, L.L.C.



Principal Place of Business  
5005 LAKE FJORD PASS  
MARIETTA GA 30068-1641

Mailing Address  
5005 LAKE FJORD PASS  
MARIETTA GA 30068-1641

55006743



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

30-0069334

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIRMANS, L. PAUL ESQ  
C/O MATTHEWS & HAWKINS, P.A.  
607 HIGHWAY 98 EAST  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name  
Lori Ellen Ward c/o Matthews & Hawkins, P.A.

Street Address (P.O. Box Number is Not Acceptable)

607 Highway 98 East

City Destin

FL

Zip Code  
32541

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lori Ellen Ward*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME             | STREET ADDRESS      | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
|-------|------------------|---------------------|-----------------|---------------------------------|
|       | MGR              |                     |                 |                                 |
|       | SIRMANS, L. PAUL | 607 HIGHWAY 98 EAST | DESTIN FL 32541 |                                 |
|       |                  |                     |                 |                                 |
|       |                  |                     |                 |                                 |
|       |                  |                     |                 |                                 |
|       |                  |                     |                 |                                 |
|       |                  |                     |                 |                                 |
|       |                  |                     |                 |                                 |

10. ADDITIONS/CHANGES

| TITLE | NAME        | STREET ADDRESS       | CITY-ST-ZIP             | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------|----------------------|-------------------------|--|-----------------------------------|
|       | manager     |                      |                         |  |                                   |
|       | Pct Withrow | 5005 Lake Fjord Pass | Marietta, GA 30068-1641 |  |                                   |
|       |             |                      |                         |  |                                   |
|       |             |                      |                         |  |                                   |
|       |             |                      |                         |  |                                   |
|       |             |                      |                         |  |                                   |
|       |             |                      |                         |  |                                   |
|       |             |                      |                         |  |                                   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

1-15-03

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

Date

Daytime Phone #

CR2E083 (10/02)