

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 16, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L05000051900**

1. Entity Name  
**CUT RITE MILLING, LLC**



Principal Place of Business  
**6420 5TH AVENUE EAST  
PALMETTO, FL 34221**

Mailing Address  
**6420 5TH AVENUE EAST  
PALMETTO, FL 34221**



01102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2985730**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WICKMAN & WYCKOFF, P.A.  
4909 MANATEE AVENUE WEST  
BRADENTON, FL 34209**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ZITTEL, STEVEN ALLEN  
6420 5TH AVENUE EAST  
PALMETTO, FL 34221**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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1100000586162  
01/16/07-80042-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Steve Zittel*

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

**1-11-07**

Date

**941-713-4094**

Daytime Phone #