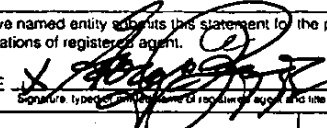
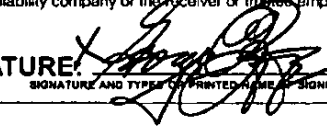


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-01-2007 90051 026 ****50.00

DOCUMENT # L06000016995			
1. Entity Name LABELLA SAUSAGE, LLC			
Principal Place of Business 16170 AVIATION DRIVE BROOKSVILLE, FL 34609		Mailing Address 16170 AVIATION DRIVE BROOKSVILLE, FL 34609	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 15609	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Brooksville FL	
Zip 34604	Country	Zip 34604	Country FLORIDA
4. FEI Number 20-4321072		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name GEORGE KURPPE, MGR Street Address (P.O. Box Number is Not Acceptable) 16170 AVIATION DRIVE City BROOKSVILLE FL Zip Code 34604	
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 		DATE 1-29-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KURPPE, GEORGE 16170 AVIATION DRIVE BROOKSVILLE, FL 34609 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHAPIRO, BARRY T 121 W. LONG LAKE RD., 3RD FL BLOOMFIELD HILLS, MI 48304 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE 		DATE 1-29-07 (352) 799-6301	
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	