


FILED
Aug 20, 2007 8:00 am
Secretary of State

08-01-2007 90015 002 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000113468			
1. Entity Name SOUTH SHORE FOOD SERVICES, LLC			
Principal Place of Business 841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207		Mailing Address 841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box # 841 Prudential Dr		3. Mailing Address 841 Prudential Dr.	
Suite, Apt. #, etc. #1300		Suite, Apt. #, etc. #1300	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32207		Zip 32207	
Country USA		Country USA	
4. FEI Number 20-5933266		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DODT, HAROLD R 841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 841 Prudential Dr Suite 1300 City FL Zip Code	
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: <u>Harold Dolt</u> DATE: <u>7-9-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOD HOLDINGS, LLC 841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ Suite 1300 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes. SIGNATURE: <u>Harold Dolt</u> DATE: <u>7-9-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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