

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000050730

**Entity Name:** CROWN JEWEL WAREHOUSES, L.L.C.

**Current Principal Place of Business:**

44 SOUTH WASHINGTON STREET  
NEW BREMEN, OH 45869-1247

**Current Mailing Address:**

44 SOUTH WASHINGTON STREET  
NEW BREMEN, OH 45869-1247

**FEI Number:** NOT APPLICABLE

**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            PRESIDENT, SECRETARY  
Name            DICKE, JAMES F III  
Address        44 SOUTH WASHINGTON STREET  
City-State-Zip: NEW BREMEN OH 45869-1247

Title            TREASURER, CEO, CHAIRMAN  
Name            DICKE, JAMES F II  
Address        44 SOUTH WASHINGTON STREET  
City-State-Zip: NEW BREMEN OH 45869-1247

Title            VP, ASST. SECRETARY, ASST.  
                  TREASURER  
Name            SMITH, BRADLEY L  
Address        44 SOUTH WASHINGTON STREET  
City-State-Zip: NEW BREMEN OH 45869-1247

Title            ASST. SECRETARY, ASST.  
                  TREASURER  
Name            DOSECK, KATHY  
Address        44 SOUTH WASHINGTON STREET  
City-State-Zip: NEW BREMEN OH 45869-1247

Title            ASST. SECRETARY  
Name            HERR, J. MICHAEL  
Address        44 SOUTH WASHINGTON STREET  
City-State-Zip: NEW BREMEN OH 45869-1247

*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:** BRADLEY L. SMITH

VP, ASST TREAS, ASST      01/30/2020  
SEC.

Electronic Signature of Signing Authorized Person(s) Detail

Date