CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in				
SIGNATURE	E:			
	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	ALEXANDER, BRAD	Name	BEATY, MICHAE	
Address	1919 FLOWERS CIRCLE	Address	1919 FLOWERS	
City-State-Zip:	THOMASVILLE GA 31757	City-State-Zip:	THOMASVILLE (	
Title	AUTHORIZED REPRESENTATIVE			

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L13000097464

Entity Name: BUSCH DRIVE BAKING CO. OF JACKSONVILLE, LLC

#### **Current Principal Place of Business:**

**1919 FLOWERS CIRCLE** THOMASVILLE. GA 31757-1137

### **Current Mailing Address:**

**1919 FLOWERS CIRCLE** THOMASVILLE. GA 31757-1137 US

## FEI Number: 46-3326984

### Name and Address of Current Registered Agent:

SINGLETARY, JOHN

**1919 FLOWERS CIRCLE** 

THOMASVILLE GA 31757-1137

Name Address

City-State-Zip:

FILED Apr 25, 2017 Secretary of State CC4335651529

Certificate of Status Desired: No

in the State of Florida.

Date

lie	MANAGER	
ame	BEATY, MICHAEL A	
dress	1919 FLOWERS CIRCLE	
ty-State-Zip:	THOMASVILLE GA 31757-1137	

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: JOHN SINGLETARY

AUTH. PERSON

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date