

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000002852

**Entity Name:** MOM BRANDS COMPANY, LLC

**Current Principal Place of Business:**

20802 KENSINGTON BLVD  
LAKEVILLE, MN 55044

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**6345358905CC**

**Current Mailing Address:**

20802 KENSINGTON BLVD  
LAKEVILLE, MN 55044 US

**FEI Number: 41-0175310**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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 the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            FRIEDMAN, HOWARD A.  
Address        20802 KENSINGTON BLVD  
City-State-Zip: LAKEVILLE MN 55044

Title            SVP  
Name            ROSSINI, TIMOTHY P  
Address        20802 KENSINGTON BLVD  
City-State-Zip: LAKEVILLE MN 55044

Title            S  
Name            BOLLETTIERI, JILL H  
Address        20802 KENSINGTON BLVD  
City-State-Zip: LAKEVILLE MN 55044

Title            ASST. SECRETARY, OTHER,  
GOVERNORS  
Name            GRAY, DIEDRE J  
Address        2503 S. HANLEY ROAD  
City-State-Zip: ST. LOUIS MO 63144

Title            OTHER, GOVERNOR  
Name            VITALE, ROBERT V  
Address        2503 S. HANLEY ROAD  
City-State-Zip: ST. LOUIS MO 63144

Title            OTHER, GOVERNOR  
Name            ZADOKS, JEFF A  
Address        2503 S. HANLEY ROAD  
City-State-Zip: ST. LOUIS MO 63144

Title            OTHER, CHIEF HR OFFICER  
Name            BRAKE, TONYA M.  
Address        20802 KENSINGTON BLVD  
City-State-Zip: LAKEVILLE MN 55044

*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: DIEDRE J. GRAY**

**ASSISTANT SECRETARY    03/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date