

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000005579

Entity Name: VINTAGE GOURMET, L.L.C.

**FILED**  
**May 06, 2012**  
**Secretary of State**

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

3001 LANGLEY AVE.  
PENSACOLA, FL 325045739

## **New Principal Place of Business:**

C/O PENSACOURT, INC.  
3001 LANGLEY AVE.  
PENSACOLA, FL 325045739

## **Current Mailing Address:**

C/O PENSACOURT, INC.  
3001 LANGLEY AVE.  
PENSACOLA, FL 325045739

## **New Mailing Address:**

FEI Number: 59-3645648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHEARLOCK, KEITH T M.D.  
3001 LANGLEY AVE.  
PENSACOLA, FL 325045739 US

## **Name and Address of New Registered Agent:**

SHEARLOCK, KEITH T M.D.  
C/O PENSACOURT, INC.  
3001 LANGLEY AVE.  
PENSACOLA, FL 325045739 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:

05/06/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHEARLOCK, KEITH T M.D.  
Address: 3001 LANGLEY AVE.  
City-St-Zip: PENSACOLA, FL 325045739

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KEITH T. SHEARLOCK, M.D.

MGRM

05/06/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date