

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000016201**

1. Entity Name  
**FLOWERS BAKING CO. OF JACKSONVILLE, LLC**



Principal Place of Business  
**2261 WEST 30TH ST  
P.O. BOX 12579  
JACKSONVILLE, FL 32209**

Mailing Address  
**P.O. BOX 12579  
JACKSONVILLE, FL 32209**



04172006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1718773**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**U000000522670  
05/03/06-80040-002 55.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PERRY, JEFF  
2261 WEST 30TH ST  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WHITE, ROBERT  
2261 WEST 30TH ST  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RICH, SCOTT  
1925 FLOWERS CIRCLE  
THOMASVILLE, GA 31757**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MCCOMBS, RICK  
2261 WEST 30TH ST  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SCOTT, DAVID  
1925 FLOWERS CIRCLE  
THOMASVILLE, GA 31757**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LAUDER, KARYL  
1925 FLOWERS CIRCLE  
THOMASVILLE, GA 31757**

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**JEFF PERRY**

**4/17/06**

**901-354-3771 ext. 240**

Date

Daytime Phone #