

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90048 021 ****50.00

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DOCUMENT # L00000016203 1. Entity Name FLOWERS BAKING CO. OF MIAMI, LLC					
Principal Place of Business 1780 N.W. COURT N. DADE MIAMI, FL 33169			Mailing Address 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1758784	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, CRAIG 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELEU, JOHN 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TIDWELL, TOM 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LAUDER, KARYL 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1780 N.W. Court N. Dade Miami, FL 33169	☒ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.					
SIGNATURE: <u><i>[Signature]</i></u> Karyl Lauder 4-28-2005 229-226-9110 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					