

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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**



04052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1758784

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**

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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, 2007**

U000000708444
04/24/07-80112-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DELEU, JOHN
STREET ADDRESS	1919 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	MGR
NAME	PRINCE, WILLIE
STREET ADDRESS	1919 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	P
NAME	DELEU, JOHN
STREET ADDRESS	1919 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	ST
NAME	TIDWELL, TOM
STREET ADDRESS	1919 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	ST
NAME	LAUDER, KARYL
STREET ADDRESS	1919 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	AS
NAME	TILLMAN, STEPHANIE
STREET ADDRESS	1919 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757

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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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #