

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016203

FILED
Apr 28, 2008
Secretary of State

Entity Name: FLOWERS BAKING CO. OF MIAMI, LLC

Current Principal Place of Business:

1780 N.W. COURT N. DADE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1919 FLOWERS CIRCLE
THOMASVILLE, GA 31757

New Mailing Address:

FEI Number: 59-1758784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DELEU, JOHN
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: MGR () Delete
Name: PRINCE, WILLIE
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: P () Delete
Name: DELEU, JOHN
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: ST () Delete
Name: TIDWELL, TOM
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: ST () Delete
Name: LAUDER, KARYL
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: AS () Delete
Name: TILLMAN, STEPHANIE
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: LAUDER, KARYL
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN SINGLETARY, MANAGING TAX DIR

DIR

04/28/2008

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