2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90125 017 ****50.00

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1. Entity Name
FLOWERS BAKING CO. OF BRADENTON, LLC

24063234

Principal Place of Business	Mailing Address
6490 PARKLAND DR. SARASOTA, FL 34223-4035	1919 FLOWERS CIRCLE THOMASVILLE, GA 31757

04282004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1723981
☐ 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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	COATE, JOHN
STREET ADDRESS	1919 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	ST
NAME	JARRELL, JASON
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
TITLE	AT
NAME	LAUDER, KARYL
STREET ADDRESS	1919 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	VP
NAME	MCCALL, MIKE
STREET ADDRESS	1919 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Karyl H. Lauder 4/29/2004 229.227.2356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #