


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90033 039 \*\*\*138.75

DOCUMENT # L01000001812	
1. Entity Name FLOYD'S FOODS, LLC	

Principal Place of Business 2510 N.W. 19TH AVENUE HIGH SPRINGS, FL 32643	Mailing Address 2510 N.W. 19TH AVENUE HIGH SPRINGS, FL 32643
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2. Principal Place of Business - No P.O. Box # 615 NW Santa Fe Blvd	3. Mailing Address 615 NW Santa Fe Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State High Springs, FL	City & State High Springs, FL
Zip 32643	Zip 32643
Country US	Country US

02082008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 59-3705648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HOPE, A. BICE ESQUIRE 408 WEST UNIVERSITY AVENUE, SUITE 406 GAINESVILLE, FL 32601	


7. Name and Address of New Registered Agent	
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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After, May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEARNEY, MICHAEL A 2510 N W 19TH AVE HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 4-20-08	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		