

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90024 018 ****50.00

DOCUMENT # L01000007497

1. Entity Name
FLOWERS BY FRANK PERDUE, L.L.C.



Principal Place of Business

C/O THE ESTATE OF FRANK E. PERDUE
547 N. MONROE ST., STE. 203
TALLAHASSEE, FL 32301

Mailing Address

C/O THE ESTATE OF FRANK E. PERDUE
547 N. MONROE ST., STE. 203
TALLAHASSEE, FL 32301



03082004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
59-3234810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWSTER, JAMES R
547 N. MONROE ST., STE. 203
TALLAHASSEE, FL 32301

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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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME ~~HEADLEY, KIRK~~ Headley Perdue, Kirk
STREET ADDRESS 547 N MONROE STREET, SUITE 203
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE P
NAME ESTATE OF FRANK E. PERDUE
STREET ADDRESS 547 N MONROE STREET, SUITE 203
CITY-ST-ZIP TALLAHASSEE, FL 32301

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CITY-ST-ZIP

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IN THIS SPACE**

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: X Kirk Headley Perdue

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

4-15-04 (850) 681-7667

Date

Daytime Phone #