→2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000001661

1. Entity Name

SOUTHERN FRESH FOODS, LLC



FILED Apr 09, 2008 08:00 A Secretary of State

Principal Place of Business

1500 AVENUE P RIVIERA BEACH, FL 33404 Mailing Address

1500 AVENUE P

RIVIERA BEACH, FL 33404



03312008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	26-0036263		Not Applicable
5.	Certificate of Status Desired	- \$5.0	Additional Jired

-

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FRIEDMAN, ROSENWASSER & GOLDBAUM, P.A. 5355 TOWN CENTER ROAD, STE. 801 BOCA RATON, FL 33486

DO NOT WRITE 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			
	: NOWIII FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		U00000886587 04/22/08-80018-023 138,75			
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERWOOD FOOD DISTRIBUTORS 18615 SHERWOOD DETROIT, MI 48234					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS			1			

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TURE:

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

CITY-ST-ZIP

4-1-08

313-659-7300