## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 29, 2008 08:00 AN Secretary of State DOCUMENT # L02000014256 1. Entity Name CANTRELL FOODS, L.L.C. Principal Place of Business Mailing Address **433 HARRISON AVENUE 433 HARRISON AVENUE** PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 02112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 82-0547888 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIOIELLO, JOHN L DO NOT WRITE **404 JENKS AVENUE** PANAMA CITY, FL 32401 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 000000931489 05/22/08-80017-001 138.75 MGR NAME CANTRELL, TERRY J **433 HARRISON AVENUE** STREET ADORESS CITY-ST-ZIP PANAMA CITY, FL 32401 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

FILED