## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2003 8:00 am Secretary of State

DOCUMENT # L02000014256  1. Entity Name CANTRELL FOODS, L.L.C.						04-14-2003 900		*50.00	
Principal Place of Business Mailing Address					1	JJUAJ	100		
433 HARRISON AVENUE PANAMA CITY FL 32401		433 HARRISON AVENUE- PANAMA CITY FL 32401							
ĺ		,			11111	TATI DIL TONIO TIBIL GENER SERVI ATUN ATUN	M AFRICATOR SERVICE	899 <b>8</b> 99 ( <b>3</b> 87	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Nun	1ber -0547888	·	oplied For ot Applicable	7
Zlp	Country Zip		Country		5. Certifica	ate of Status Desired	\$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent					7. Name a	nd Address of New Registers	d Agent		ゴ
GIOIELLO, JOHN L				Name					
404 JENKS AVENUE			ſ	Street Address (P.O. Box Number is Not Acceptable)					
PAN	IAMA CITY FL 32401		.						٦
			<b> </b>	City	City FL Zip Code				
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered	d office or register	ed agent, or t	ooth, in the State of Florida. I a	m famillar with,	and accept	1
SIGNATURE	Signature, typed or printed name of registered agent	t and title if amplicable (NC)TE	- Decistored	Agent eignature required	when minetering)	DATE			}
<u> </u>		<del></del>		EE IS \$50.00	•/			···········	7
Make Check Payable 1					nt of State				1
}				1, 2003					j
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/CHANG	E\$		1
MILE	MGR	☐ Delete	TITLE				Change	Addition	୍ରି ହି
NAME	CANTRELL, TERRY J		NAME						18
STREET ADDRESS CITY-ST-ZIP	433 HARRISON AVENUE PANAMA CITY FL 32401		CITY-S	ADORESS Tazip					器
TITLE	PANAMA OIT PL 32401	☐ Delete	TITLE				☐ Change	Addition	CR2E083 (10/02)
NAME		C Delete	NAME	1				L MODILION	10
STREET ADDRESS				ADDRESS					)
CITY-\$T-ZIP			CITY-S	T-ZIP		·			_
TITLE		☐ Delete	TITLE NAME.				Change	☐ Addition	}
STREET ADDRESS				ADORESS					:
CITY-ST-ZIP			CITY-S	T-ZIP					1
IIIFE		☐ Delete	TITLE				☐ Change	Addition	7
NAME STREET ADDRESS			NAME	ADDRESS (					1
CITY-ST-ZIP			CITY-SI	1					}
TITLE	<del></del>	☐ Celete	TITLE				☐ Change	Addition	1
NAME			NAME	İ			_ •		ĺ
STREET ADDRESS				ADDRESS .					}
CITY-ST-ZIP			CITY-ST	1-21 <b>r</b>				F1	-
ritle Name		☐ Deleta	TITLE NAME				Change	Addition	1
STREET ADDRESS	•			ADORESS					1
C/TY-ST-ZIP	·		CITY-ST						
11. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exemn	ation stated in Sec	tion 119 07/3	Vi) Florida Statutos I further o	actifuthat the in	vior	1

r nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and the my signature shall have the same legal effect as if made under cett; 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.

LUCE REQUIRED SIGNATURE: DE SIGNATURE AND TYPED OR PRINTED HAMPOF EIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Deto

Daytime Phone 6