

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

03-26-2004 90158 047 ****50.00

DOCUMENT # L02000018816					
1. Entity Name DZA BRANDS, LLC					
Principal Place of Business 2110 EXECUTIVE DRIVE, P.O. BOX 1330 SALISBURY, NC 28145-1330			Mailing Address 2110 EXECUTIVE DRIVE, P.O. BOX 1330 SALISBURY, NC 28145-1330		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip 28147	
Country		Country		03052004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 51-0469905 APPLIED FOR				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, MICHAEL 2110 EXECUTIVE DRIVE SALISBURY, NC 28145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael R. Waller 28147	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIXON, GLEN JR 2110 EXECUTIVE DRIVE SALISBURY, NC 28145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. Glenn Dixon, Jr. 28147	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, LINN 2110 EXECUTIVE DRIVE SALISBURY, NC 28145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G. Linn Evans 28147	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYES, JOSEPH III 2110 EXECUTIVE DRIVE SALISBURY, NC 28145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS 28147	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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:			G. Linn Evans		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: March 23, 2004 Daytime Phone: (704) 633-8250		