

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020377

FILED
Apr 22, 2009
Secretary of State

Entity Name: PRIMETIME FOODS, LLC

Current Principal Place of Business:

201 SE 2ND AVE., STE. #102
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

114 SE 1ST STREET, SUITE 9
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 14-1843900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATSEL, ROBERT W
2337 E. SILVER SPRINGS BLVD.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHEEL, WILLIAM B
Address: 4589 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: SAIG, LOUIS M
Address: 1018 N 3RD AVE ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM () Delete
Name: MCCOY, GEORGE
Address: 1331 SE 5TH ST
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHEEL, WILLIAM B
Address: 114 SE 1ST STREET SUITE 9
City-St-Zip: GAINESVILLE, FL 32601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM B. SCHEEL

MGRM

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date