

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003663

Entity Name: FIRST COAST FOODS, LLC

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

450829 SR 200
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

450829 SR 200
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 57-1160845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARMSTRONG, RICKEY
450829 SR 200
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

RHODEN, KELLY
45675 MUSSLEWHITE RD
CALLAHAN, FL 32011 US

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: KELLY RHODEN

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARMSTRONG, RICKEY
Address: 3779 WEST STATE ROAD 200
City-St-Zip: CALLAHAN, FL 32011

Title: MGR () Delete
Name: SOUTHLAND FOODS OF G, EORGIA, INC.
Address: 942 TALLULAH FALLS SCENIC LOOP
City-St-Zip: TALLULAH FALLS, GA 30573

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARMSTRONG, RICKEY SR
Address: 450829 STATE ROAD 200
City-St-Zip: CALLAHAN, FL 32011

Title: MGR (X) Change () Addition
Name: ARMSTRONG, RICKEY JR
Address: 450577 STATE ROAD 200
City-St-Zip: CALLAHAN, FL 32011

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: RICKEY H ARMSTRONG, SR

MGMR

03/11/2009

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