

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90017 047 ****50.00

DOCUMENT # L03000013099

1. Entity Name
G & G FOODS, L.L.C.



Principal Place of Business
107 PAT THOMAS PKWY
QUINCY, FL 32351

Mailing Address
107 PAT THOMAS PKWY
QUINCY, FL 32351

20063404

107 Pat Thomas Pkwy

2. Principal Place of Business

3. Mailing Address
P.O. Box 146

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072005 Chg-LLC CR2E083 (10/03)



City & State

City & State

4. FEI Number

Applied For

Quincy FL

Quincy FL

04-3755366

Not Applicable

Zip

Country

Zip

Country

32351

Gadsden

32353

Gadsden

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHMOND, HAROLD S
227 EAST JEFFERSON STREET
QUINCY, FL 32351

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GILLIS, TERRY
275 JOHN KNOX RD APT EE-104
TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2197 Delta Way ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GRIFFIN, JAMES J
2612 CAMELLIA DRIVE
TIFTON, GA 31793 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*P.O. Box 146
Quincy FL 32353* ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GRIFFIN, SANDRA KAY
311 CHINQUAPIN WAY
QUINCY, FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/8/05