# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 02, 2009**
**Secretary of State**

DOCUMENT# L03000016323

**Entity Name:** IMPACT FOOD GROUP, LLC

**Current Principal Place of Business:**

1045 WINDING WATERS CIRCLE
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

3625 STATE ROAD 419
SUITE 270
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

1170 TREE SWALLOW DRIVE
SUITE 309
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number: 20-0015508** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAWTHORN, ROBERT F
1045 WINDING WATERS CIRCLE
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

CAWTHORN, ROBERT F
1170 TREE SWALLOW DRIVE
SUITE 309
WINTER SPRINGS, FL 32708 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: 04/02/2009

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGM ( ) Delete
Name: CAWTHORN, ROBERT F
Address: 1045 WINDING WATERS CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: CAWTHORN, ROBERT F
Address: 1170 TREE SWALLOW DRIVE, SUITE 309
City-St-Zip: WINTER SPRINGS, FL 32708

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: ROBERT CAWTHORN MGRM 04/02/2009

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