

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024850

Entity Name: FLATWATER FOODS, L.L.C.

FILED
Apr 11, 2008
Secretary of State

Current Principal Place of Business:

1451 TIGER PARK LN
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1451 TIGER PARK LN
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 56-2396458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, STUART H
7623 BROOKE FORREST WAY
PENSACOLA, FL 32514 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: BROWN, STUART H
Address: 7623 BROOK FOREST WAY
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM () Delete
Name: BROWN, CARTER A
Address: 3871 WHISPERING PINES DR
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: LEE, JAMES E II
Address: 1231 WOODCREST DRIVE
City-St-Zip: MACON, GA 31210

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BROWN, CARTER A
Address: 904 FAIRWAY DRIVE
City-St-Zip: PENSACOLA, FL 32504

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: STUART H BROWN

MGRM

04/11/2008

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