

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90074 022 ****50.00

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1. Entity Name

SOUTH FLORIDA DONUT DISTRIBUTION CENTER, LLC



Principal Place of Business

**2550 SE WILLOWSBY BLVD
STUART, FL 34994**

Mailing Address

**2550 SE WILLOWSBY BLVD
STUART, FL 34994**

DO NOT WRITE IN THIS SPACE



01172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3777946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOUGE, JR, HOWARD E ESQ
401 E. OSCEOLA STREET
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MATAKARTIS, MICHAEL
1501 SE DECKER AVE
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LASKARIS, SPIRO
1501 SE DECKER AVE
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FOGAL, CHRISTOPHER
603 N INDIAN ST
FT. PIERCE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-2406

772-219-0749