

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028311

FILED  
May 05, 2008  
Secretary of State

**Entity Name:** SOUTH FLORIDA DONUT DISTRIBUTION CENTER, LLC

**Current Principal Place of Business:**

2550 SE WILLOWSBY BLVD  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

2550 SE WILLOWSBY BLVD  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 59-3777946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ALLEN, JAMES E  
850 NE FEDERAL HWY  
STE 223  
STUART, FL 34994 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALLEN, JAMES E  
Address: 2550 SE WILLOWSBY BLVD  
City-St-Zip: STUART, FL 34994

Title: MGRM ( ) Delete  
Name: CAFUA, MARK  
Address: 2550 SE WILLOWSBY BLVD  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

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

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: JAMES ALLEN

MANA

05/05/2008

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