

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028311

FILED
Apr 21, 2009
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:

2550 SE WILLOUGHBY BLVD.
STUART, FL 34994

Current Mailing Address:

2550 SE WILLOWSBY BLVD
STUART, FL 34994

New Mailing Address:

2550 SE WILLOUGHBY BLVD
STUART, FL 34994

FEI Number: 59-3777946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JAMES E
850 NE FEDERAL HWY
STE 223
STUART, FL 34994 US

Name and Address of New Registered Agent:

ALLEN, JAMES E
2550 SE WILLOUGHBY BLVD.
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: JAMES ALLEN

04/21/2009

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: MGRM (X) Change () Addition
Name: ALLEN, JAMES E
Address: 2550 SE WILLOUGHBY BLVD
City-St-Zip: STUART, FL 34994

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

MR.

04/21/2009

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