

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90065 038 ****50.00

DOCUMENT # L03000029822

1. Entity Name
SOUTHWEST FLORIDA BAKING COMPANY, L.L.C.



Principal Place of Business
**2495 MCCALL RD.
ENGLEWOOD, FL 34224**

Mailing Address
**2495 MCCALL RD.
ENGLEWOOD, FL 34224**

24060480



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

51-0477509

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

**SAVARY, JOHNSON S JR.
C/O DUNLAP & MORAN, P.A.
22 SOUTH LINKS AVE, STE 300
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **CABRAL, SHAWN**
STREET ADDRESS **1904 PAR PLACE**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **MGR** ☒ Delete
NAME **KAPLAN, MARVIN**
STREET ADDRESS **P.O. BOX 868**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **MGR** ☒ Delete
NAME **MILLARD, KEVIN C**
STREET ADDRESS **8317 EAGLE DR.**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☒ Addition
NAME **2495 McCall Rd Corp**
STREET ADDRESS **2495 S McCall Rd**
CITY-ST-ZIP **Englewood FL 34224**

TITLE **MGR** ☒ Change ☒ Addition
NAME **KMS, LLC**
STREET ADDRESS **2495 S McCall Rd**
CITY-ST-ZIP **Englewood FL 34224**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Boston Coffee Inc**
STREET ADDRESS **9704 Bay Harbor Cir**
CITY-ST-ZIP **Fort Myers FL 33919**

TITLE **MGR** ☐ Change ☒ Addition
NAME **PMST Donuts Inc**
STREET ADDRESS **8607 Ventura Way**
CITY-ST-ZIP **Naples FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

SHAWN J. CABRAL

4/20/04

Date

941.3507585

Daytime Phone #