# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 27, 2007**
**Secretary of State**

DOCUMENT# L03000055533

**Entity Name:** LENORA FOODS I, LLC

**Current Principal Place of Business:**

1444 W. TENNESSEE STREET
SUITE 2
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12004
GAINESVILLE, FL 32604

**New Mailing Address:**

**FEI Number: 34-1984686** **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:**

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., SUITE 1500(KDC)
MIAMI, FL 33131 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: MGR ( ) Delete
Name: ROLLE, CECIL D GEN MGR
Address: P.O. BOX 12004
City-St-Zip: GAINESVILLE, FL 32604 US

Title: MGRM ( ) Delete
Name: ROLLE, JACQUATTE L VP
Address: P.O. BOX 12004
City-St-Zip: GAINESVILLE, FL 32604 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition
Name: ROLLE, JACQUATTE L OWNER
Address: P.O. BOX 12004
City-St-Zip: GAINESVILLE, FL 32604 US

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: JACQUATTE L. ROLLE MM 07/27/2007

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