

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

04-25-2005 90093 003 ****50.00

DOCUMENT # L04000036352

1. Entity Name
GLS FOODS, L.L.C.



Principal Place of Business
9207 ADAMO DRIVE EAST
TAMPA, FL 33619

Mailing Address
9207 ADAMO DRIVE EAST
TAMPA, FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192005

Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1150497

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDERMOTT, MICHAEL J ESQ
791 W. LUMSDEN RD.
BRANDON, FL 33511

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME S. WOODS ENTERPRISES, INC ☐ Delete
STREET ADDRESS 9207 ADAMO DRIVE
CITY-ST-ZIP TAMPA, FL 33619

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

TITLE MGRM
NAME WOODS, SANFORD L SR ☐ Delete
STREET ADDRESS 15303 BURLSEY COURT
CITY-ST-ZIP TAMPA, FL 33647

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

[Handwritten Signature]

04/11/2005

813.620.4300x201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #