

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057631

FILED
May 01, 2008
Secretary of State

Entity Name: LONGWOOD DONUTS, LLC

Current Principal Place of Business:

801 W. STATE ROAD 434
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

801 W. STATE ROAD 434
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-1449244 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:

KINSLEY, BRIAN P
251 ALTAMONTE COMMERCE BLVD
SUITE 1420
ALTAMONTE SPRINGS, FL 32714 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: MGR () Delete
Name: KINSLEY, BRIAN P
Address: 1642 TENNYSON CT.
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Delete
Name: THOMPSON, D. MICHAEL
Address: 1684 CHERRY RIDGE DR.
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Delete
Name: THOMPSON, STEPHEN E
Address: 296 CHISWELL PLACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

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

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: BRIAN KINSLEY

MNGR

05/01/2008

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