

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90030 028 ***138.75

DOCUMENT # L04000058361

1. Entity Name
E.T.C. FOODS, LLC



Principal Place of Business
25 COUNTY ROAD 15
BUNNELL, FL 32176

Mailing Address
25 COUNTY ROAD 15
BUNNELL, FL 32176

60031689



2. Principal Place of Business - No P.O. Box #

45 SETON TRAIL

3. Mailing Address

45 SETON TRAIL

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH FL

Zip

32176

Country

U.S.A.

Zip

32176

Country

U.S.A.

03182008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-1458052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDDY, J.MICHAEL
45 STEON TRAIL, SUITE 101
ORMOND BEACH, FL 32176

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 restate)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
THE EDDY CORPORATION
25 COUNTY ROAD 15
BUNNELL, FL 32110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
45 SETON TRAIL
ORMOND BEACH, FL 32176 ☒ Change ☐ Addition

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

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

F. RAYMOND EDDY

4/19/08

356 677 3595

Date

Daytime Phone #