


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90038 035 ****50.00

DOCUMENT # L05000010297	
1. Entity Name MARKET WAREHOUSING, LLC	

Principal Place of Business 1741 WEST BEAVER STREET JACKSONVILLE, FL 32209	Mailing Address 1741 WEST BEAVER STREET JACKSONVILLE, FL 32209
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60042566



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2262016	Applied For <input type="checkbox"/> Not Applicable
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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	
BRANT, ABRAHAM, REITER, ET AL 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202		Name <i>Beaver Street Foods, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1741 W. Beaver Street</i> City <i>Jacksonville</i> FL Zip Code <i>32209</i>	

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]* **HANS FRISCH, V. PRES. OF BEAVER STREET FOODS, INC.** DATE *4/25/07*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FARMERS MARKET, INC. 1780 W. BEAVER STREET JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **HANS FRISCH, V. PRES. OF FARMERS MARKET, INC.** DATE *4/25/07* (904) *354-8533*

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