

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021964

Entity Name: M.J. FOODS, L.L.C.

FILED
Mar 06, 2009
Secretary of State

Current Principal Place of Business:

2412 W SAND LAKE ROAD
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 593447
ORLANDO, FL 32859

New Mailing Address:

FEI Number: 04-3827952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANN, K. MICHAEL
258 SOUTHHALL LANE, SUITE 420
MAITLAND, FL 32751 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: MCLEAN, COLIN
Address: P.O. BOX 593447
City-St-Zip: ORLANDO, FL 32859

Title: MGR () Delete
Name: ALTIFF, JASON
Address: P.O. BOX 593447
City-St-Zip: ORLANDO, FL 32859

Title: MGR (X) Delete
Name: SPRINGER, CHARLES
Address: P.O. BOX 593447
City-St-Zip: ORLANDO, FL 32859

Title: MGR (X) Delete
Name: SCHIFFMAN, MICHAEL
Address: P.O. BOX 593447
City-St-Zip: ORLANDO, FL 32859

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:

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: COLIN MCLEAN

MGR

03/06/2009

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