

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038400

FILED
Apr 30, 2008
Secretary of State

Entity Name: TALLAHASSEE PACKING COMPANY, LLC

Current Principal Place of Business:

1546 GRAPE STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

10992 LUNA POINT ROAD
TALLAHASSEE, FL 32312

Current Mailing Address:

1546 GRAPE STREET
TALLAHASSEE, FL 32303

New Mailing Address:

10992 LUNA POINT ROAD
TALLAHASSEE, FL 32312

FEI Number: 20-2827812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLOCH, KRISTI
1546 GRAPE STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

BULLOCH, KRISTI
10992 LUNA POINT ROAD
TALLAHASSEE, FL 32312 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: KRISTI BULLOCH

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BULLOCH, KRISTI
Address: 1546 GRAPE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: GOFF, ERICA
Address: 1551-2 CRISTOBAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BULLOCH, KRISTI
Address: 10992 LUNA POINT ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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: KRISTI BULLOCH

MGRM

04/30/2008

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