2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2007
Secretary of State

DOCUMENT# L05000112394

Entity Name: TRUSS FOODS, LLC

Current Principal Place of Business:

512 WEXFORD DRIVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

512 WEXFORD DRIVE
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 20-3854564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MCINTOSH, MICHELLE
Address: 512 WEXFORD DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGR ( ) Delete
Name: TRUSS, RENN
Address: 26014 TIMBERLINE DRIVE
City-St-Zip: SAN ANTONIO, TX 78258 US

Title: MGR ( ) Delete
Name: MCINTOSH, ROBERT
Address: 512 WEXFORD DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: TRUSS, RENN
Address: 1389 GLENWOOD LOOP
City-St-Zip: BULVERDE, TX 78163 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT MCINTOSH MGR 04/01/2007

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