

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L05000123143

1. Entity Name

PANHANDLE CONFECTIONS, LLC



Principal Place of Business

134 ALF COLEMAN ROAD
PANAMA CITY BEACH, FL 32407 US

Mailing Address

8115 BRANDON ROAD
PANAMA CITY, FL 32404 US



02182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4005357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

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

UD00000854847
03/27/08-80017-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAISER, CORY R
STREET ADDRESS	2357 FOXWORTH DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	MGRM
NAME	SPENCER, ROGER J
STREET ADDRESS	206 BUNKERS COVE ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	MGRM
NAME	MADEWELL, MICHAEL
STREET ADDRESS	8115 BRANDON ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	MGRM
NAME	KRADEL, BRIAN
STREET ADDRESS	2819 LONGLEAF ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-22-7048 850-850-1402