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Aug 20, 2007 8:00 am
Secretary of State

08-01-2007 90015 002 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000113468

1. Entity Name
SOUTH SHORE FOOD SERVICES, LLC

30012349

07032007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
841 PRUDENTIAL DRIVE, SUITE ~~TSQ~~ JACKSONVILLE, FL 32207	841 PRUDENTIAL DRIVE, SUITE ~~TSQ~~ JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
841 Prudential Dr	841 Prudential Dr.
Suite, Apt. #, etc.: #1300	Suite, Apt. #, etc.: #1300
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32207 / Country: USA	Zip: 32207 / Country: USA

4. FEI Number: 20-5933616 — Applied For / Not Applicable

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
DODT, HAROLD R 841 PRUDENTIAL DRIVE, SUITE ~~TSQ~~ JACKSONVILLE, FL 32207	Name: Street Address (P.O. Box Number is Not Acceptable): 841 Prudential Dr Suite 1300 City: FL Zip Code:

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: Harold Dodt — 7-9-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: KDD HOLDINGS, LLC STREET ADDRESS: 841 PRUDENTIAL DRIVE, SUITE ~~TSQ~~ CITY-ST-ZIP: JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS: → Suite 1300 CITY-ST-ZIP	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Harold Dodt — 7-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #