

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000113468

1. Entity Name  
SOUTH SHORE FOOD SERVICES, LLC



Principal Place of Business  
841 PRUDENTIAL DRIVE, SUITE 1300  
JACKSONVILLE, FL 32207

Mailing Address  
841 PRUDENTIAL DRIVE, SUITE 1300  
JACKSONVILLE, FL 32207

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DODT, HAROLD R  
841 PRUDENTIAL DRIVE, SUITE 1300  
JACKSONVILLE, FL 32207



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-5933616

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**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**

000000791353  
01/23/08-80072-009 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
KDD HOLDINGS, LLC  
841 PRUDENTIAL DRIVE, SUITE 1300  
JACKSONVILLE, FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 #

Payment	Amount
Account	Description
<b>FILED</b>	
<b>Jan 22, 2008 08:00 A</b>	
<b>Secretary of State</b>	
Approval	