

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90048 049 ***138.75

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # L07000021781 1. Entity Name K&S FOODS OF FLORIDA, LLC | | | | | |
| Principal Place of Business 1105 PLOVER PLACE NEW SMYRNA BEACH, FL 32168 | | | Mailing Address 1105 PLOVER PLACE NEW SMYRNA BEACH, FL 32168 | | |
| 2. Principal Place of Business - No P.O. Box # 8221-16 Southside Blvd | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Jacksonville, FL | | | City & State | | |
| Zip 32259 | | Country USA | | Zip | |
| Country USA | | Zip | | Country USA | |
| 4. FEI Number 35-2291262 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HALL, MARK R ESQ 124 FAULKNER STREET NEW SMYRNA BEACH, FL 32168 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHNEIDER, KIRSTEN M 3702 TERRAPIN LANE 2210 E. HOVINGTON CIRCLE GORET SPRINGS, FL 33067 Jacksonville, FL 32246 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RICHARD KOSTEK 1105 PLOVER PLACE NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: | | | 1/3/08 3867511928 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |