

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000024085

**FILED**  
**Oct 29, 2008**  
**Secretary of State**

**Entity Name:** GOLDEN CRUST WHOLESALE BAKING COMPANY, L.L.C.

**Current Principal Place of Business:**

10994 70TH AVENUE NORTH  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

10994 70TH AVENUE NORTH  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STEVEN W. MOORE, P.O.  
8200 BRYAN DAIRY ROAD, SUITE 300  
LARGO, FL 33777 US

**Name and Address of New Registered Agent:**

BEEDENBENDER, RAYMOND E  
10994 70 AVE N  
SEMINOLE, FL 33772 US

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: RAYMOND E. BEEDENBENDER

10/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAPP, JAMES P  
Address: 10994 70TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BEEDENBENDER, RAYMOND E  
Address: 10994 70TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify 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: RAYMOND E. BEEDENBENDER

MR.

10/29/2008

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