

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041331

**FILED**  
**Feb 10, 2008**  
**Secretary of State**

**Entity Name:** QUALITY TOMATO DISTRIBUTION LLC

**Current Principal Place of Business:**

5144 SUNNYDALE CIRCLE WEST  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5144 SUNNYDALE CIRCLE WEST  
SARASOTA, FL 34233

**New Mailing Address:**

PO BOX 25294  
SARASOTA, FL 34277 US

**FEI Number:** 22-3963395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BARRETT, RICHARD A JR.  
Address: 5144 SUNNYDALE CIRCLE WEST  
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: ADAMS, DANA B  
Address: 5144 SUNNYDALE CIR WEST  
City-St-Zip: SARASOTA, FL 34233

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:** RICHARD A BARRETT JR.

MGR

02/10/2008

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