

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000072786

FILED
Apr 30, 2009
Secretary of State**Entity Name:** FLORIDA COMMISSARY SERVICES LLC**Current Principal Place of Business:**3630 VERNA RD
MYAKKA CITY, FL 34251 US**New Principal Place of Business:**8535 HOLLYOCK AVE
SEMINOLE, FL 33777 US**Current Mailing Address:**2405 CHARDONNAY TERRACE
PARRISH, FL 34219**New Mailing Address:**8535 HOLLYOCK AVE
SEMINOLE, FL 33777 US**FEI Number:** 61-1549956**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WINEGAR, TARA L
2405 CHARDONNAY TERRACE
PARRISH, FL 34219 US**Name and Address of New Registered Agent:**HOWELL, CHARLES E
8535 HOLLYHOCK AVE
SEMINOLE, FL 33777 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: CHARLES E HOWELL

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: WINEGAR, DIANE C
Address: 2405 CHARDONNAY TERRACE
City-St-Zip: PARRISH, FL 34219 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: HOWELL, CHARLES E
Address: 8535 HOLLYHOCK AVE
City-St-Zip: SEMINOLE, FL 33777 US

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: CHARLES E HOWELL

MGRM

04/30/2009

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