

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000049400

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** GREAT TASTE FROM THE SOUTH, LLC

**Current Principal Place of Business:**

655 EAST UNIVERSITY BLVD  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

500 WILLIAM STREET  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 80-0205579      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

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

SEWELL, NELLIE  
500 WILLIAM STREET  
MELBOURNE, FL 32901      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:**

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SEWELL, NELLIE  
**Address:** 500 WILLIAMS STREET  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** MGRM  
**Name:** ROBERT, SEWELL  
**Address:** 500 WILLIAMS STREET  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** MGRM  
**Name:** ROBERT, SEWELL III  
**Address:** 500 WILLIAM STREET  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** MGRM  
**Name:** SEWELL, ROBERT JR.  
**Address:** 500 WILLIAMS STREET  
**City-St-Zip:** MELBOURNE, FL 32901

I hereby 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:** NELLIE SEWELL

MGRM

05/03/2010

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