

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108917

FILED
Apr 19, 2009
Secretary of State

Entity Name: UPRISING BAKERY, LLC

Current Principal Place of Business:

5187 ICICLE HILL RD.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

5187 ICICLE HILL RD.
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 26-3762244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MGRM () Delete
Name: RAYNE, CASSANDRA L
Address: 5187 ICICLE HILL RD.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM () Delete
Name: GROSS, MAX J
Address: 5187 ICICLE HILL RD.
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES:

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

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

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: CASSANDRA RAYNE MGRM 04/19/2009

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