

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096303

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA CREAMERY L.L.C.

**Current Principal Place of Business:**

3566 ST JOHNS AVE.  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

1629 CHARON RD.  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 27-1039336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SASSER, ANGELA L  
1629 CHARON ROAD  
JACKSONVILLE, FL 32205 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  
Name: WILCOX, JIM IV  
Address: 1629 CHARON ROAD  
City-St-Zip: JACKSONVILLE, FL 32205

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: ANGELA SASSER

OWNE

02/10/2010

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