

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000081919

FILED  
Feb 04, 2011  
Secretary of State

**Entity Name:** COUNTRY FEED & GENERAL STORE, LLC

**Current Principal Place of Business:**

2300 REID STREET  
PALATKA, FL 32177

**New Principal Place of Business:**

2300 REID STREET  
PALATKA, FL 32177 22

**Current Mailing Address:**

2300 REID STREET  
PALATKA, FL 32177

**New Mailing Address:**

2508 REID STREET  
PALATKA, FL 32177 22

**FEI Number:** 27-3178109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CREMER, ERNEST  
130 ODOM ROAD  
PALATKA, FL 32177 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  
Name: CREMER, ERNEST  
Address: 130 ODOM ROAD  
City-St-Zip: PALATKA, FL 32177 22

Title: MGRM  
Name: CREMER, SANDRA  
Address: 130 ODOM ROAD  
City-St-Zip: PALATKA, FL 32177 22

Title: MGRM  
Name: BRAUMAN, CHRISTINE  
Address: 677 BARDIN ROAD  
City-St-Zip: PALATKA, FL 32177 22

Title: MGRM  
Name: BRAUMAN, SCOTT  
Address: 677 BARDIN ROAD  
City-St-Zip: PALATKA, FL 32177 22

Title: MGRM  
Name: PIPKINS, JENNIFER  
Address: 673 BARDIN ROAD  
City-St-Zip: PALATKA, FL 32177 22

Title: MGRM  
Name: PIPKINS, CURTIS JASON  
Address: 673 BARDIN ROAD  
City-St-Zip: PALATKA, FL 32177 22

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: CHRISTINE BRAUMAN

MGRM

02/04/2011

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