

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000120987

Entity Name: PROSTAFOODS, LLC

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1825 WIND RIDGE COURT  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

235 MARYWOOD DR  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

1825 WIND RIDGE COURT  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

FEI Number: 45-3692536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALES, R. MICHAEL  
1825 WIND RIDGE COURT  
FLEMING ISLAND, FL 32003 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: GONZALES, R. MICHAEL  
Address: 1825 WIND RIDGE COURT  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGRM  
Name: BASS, DANA  
Address: 1825 WIND RIDGE COURT  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGRM  
Name: DRONKERS, MARY B  
Address: 2390 PINE HOLLOW RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGRM  
Name: MCCULLY, ALAN  
Address: 235  
City-St-Zip: MARYWOOD DR, FL 32259 US

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: RUDOLPH MICHAEL GONZALES

MGRM

03/07/2012

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