File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR 23 PM 3:39

FILING FEE $ 188.75

Annual Report $100.00 + $88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000842

SUNRISE WHOLE GRAIN BREADS L.C.
2825 GARDEN ST
UNIT #6
TITUSVILLE FL 32796

1a. Principal Place of Business Address

2825 GARDEN ST
UNIT #6
TITUSVILLE FL 32796

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 08/05/1996

3a. State of Formation: FL

4. FEI Number: 59-3408820
☐ Applied For
☐ Not Applicable

5. Date of Last Report: 03/03/1997

6. Certificate of Status Desired
SB 75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

GOODWIN, BONNIE M
5539 RIVER OAKS DR
TITUSVILLE FL 32780

8. Name and Address of New Registered Agent/Office

Name: same
Street Address (P.O. Box Number is Not Acceptable)
100002468835,1--?
Suite, Apt. #, etc.
-03/25/98 --01092--008
****188.75 ****188.75
City: FL
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE: Bonnie Goodwin (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE: 3-17-98

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GOODWIN, THOMAS R P	2825 GARDEN STREET	TITUSVILLE FL
MGRM	GOODWIN, BONNIE M	2825 GARDEN STREET	TITUSVILLE FL

3-23

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Bonnie Goodwin 3-17-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #