

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90079 007 \*\*\*138.75

**DOCUMENT # L99000001035**

1. Entity Name  
**HARVEST BASKET FOODS I, L.L.C.**



Principal Place of Business

2100 Country Club Drive  
Sanford, Florida 32771

Mailing Address

2100 Country Club Drive  
Sanford, Florida 32771

00011073



02072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3562548**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR.  
GREENSPOON, MARDER, ET AL  
201 E PINE ST, STE 500  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME GILARDI MANAGEMENT SERVICES LLC  
STREET ADDRESS 2100 COUNTRY CLUB ROAD  
CITY-ST-ZIP SANFORD, FL 32771

TITLE MGR  
NAME GRAY, N DWAYNE JR  
STREET ADDRESS 201 E PINE ST, STE 500  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE MGR  
NAME SCHLATER, JOHN  
STREET ADDRESS 615 COPELAND MILL RD  
CITY-ST-ZIP WESTERVILLE, OH 43081

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MGR.

2/21/08

407-425-6559