

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001035

**FILED**  
**May 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2100 COUNTRY CLUB DR  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1509  
SANFORD, FL 32772

**New Mailing Address:**

**FEI Number:** 59-3562548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** GILARDI MANAGEMENT SERVICES LLC  
**Address:** 2100 COUNTRY CLUB ROAD  
**City-St-Zip:** SANFORD, FL 32771

**Title:** MGR  
**Name:** GRAY, N DWAYNE JR  
**Address:** 315 EAST ROBINSON STREET, SUITE 600  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** MGR  
**Name:** SCHLATER, JOHN  
**Address:** 68 NORTH HIGH STREET, BLDG C  
**City-St-Zip:** NEW ALBANY, OH 43054

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:** JOHN SCHLATER

MGR

05/01/2012

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