

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90028 016 \*\*\*138.75

**DOCUMENT # M00000000263**

1. Entity Name  
**LAND-O-SUN DAIRIES, LLC**



Principal Place of Business  
**2900 BRISTOL HWY  
JOHNSON CITY, TN 37601-1502**

Mailing Address  
**2515 MCKINNEY AVE., STE. 1200  
DALLAS, TX 75201**

**60029311**



04022008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-2938694**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KROEGER, HARRALD Kroeger, Harald  
2515 MCKINNEY SUITE 1200  
DALLAS, TX 75201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
WHITE, LOREN M Delete  
2515 MCKINNEY AVE, SUITE 1200  
DALLAS, TX 75201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
KEMPS, STEVEN J  
2515 MCKINNEY SUITE 1200  
DALLAS, TX 75201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
MIRO, ANGELA B  
2515 MCKINNEY AVE, SUITE 1200  
DALLAS, TX 75201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
H. Shepard Bailey  
2515 McKinney Ave, Suite 1200  
Dallas, TX 75201**

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

**Angela B. Miro**

Date

**214.303.3644**

Daytime Phone #