

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000956

1. Entity Name

CARGILL CUSTOM DRESSINGS, LLC

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-26-2002 90101 023 ****55.00

Principal Place of Business

15407 MCGINTY ROAD WEST
 WAYZATA MN 55391

485 NW Enterprise Dr
 Port Saint Lucie, FL 34986

Mailing Address

15407 MCGINTY ROAD WEST
 WAYZATA MN 55391

862 West Ridge Rd
 Gainesville, GA 30501

2. Principal Place of Business

Cargill Custom Dressing LLC DBA Fontina Foods

3. Mailing Address

Cargill Custom Dressing LLC DBA Fontina Foods

Suite, Apt. #, etc.

Suite, Apt. #, etc.

485 NW Enterprise Drive

862 West Ridge Rd

City & State

City & State

Port Saint Lucie, Florida

Gainesville, Georgia 30501

Zip

Country

Zip

Country

34986

US

30501

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Cargill Custom Dressing DBA Fontina Foods

Street Address (P.O. Box Number is Not Acceptable)

485 NW Enterprise Drive

City

Port Saint Lucie

FL

Zip Code

34986

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/26/02

FILE NOW!!! FEE IS \$50.00 + \$5.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *MANAGING MEMBER*
 NAME *Michael Bucciano*
 STREET ADDRESS *485 NW Enterprise Drive*
 CITY-ST-ZIP *Port Saint Lucie, FL 34986*

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11. I 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 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]* SIGNATURE REQUIRED

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

Date

Daytime Phone #

7/26/02

770-538-6241

CR2E083 (4/02)