

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

55.00

FILED

2006 MAY 26 PM 3: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



DOCUMENT # M04000003062			
1. Entity Name FLOWERS SPECIALTY FOODSERVICE SALES, LLC			
Principal Place of Business 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757		Mailing Address 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757	
2. Principal Place of Business 1919 Flowers Circle		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Thomasville, GA		City & State	
Zip 31757		Country USA	
4. FEI Number 20-1409090		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SEE ATTACHED <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 800076113978 06/12/06--01075--003 **250.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Karyl Lauder</u>		Date: 5-24-2006 Daytime Phone #: 229-226-9110	

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Flowers Specialty Foodservice Sales, LLC (f/k/a Flowers Foods Specialty Sales, LLC) (Georgia limited liability company)

Board of Managers

Allen L. Shiver
Mark Courtney
Bob Hysell

Officers

Allen L. Shiver- President & COO
Mark Courtney – Executive Vice President
Bob Hysell – Executive Vice President
Karyl H. Laudér – Secretary & Treasurer
Stephanie Tillman – Assistant Secretary

All located at: 1919 Flowers Circle Thomasville, GA 31757

MSK

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