

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State


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**

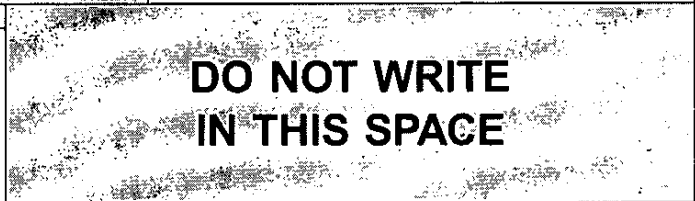



04052007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1409090	Applied For Not Applicable
5. Certificate of Status Desired <input 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**



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, 2007**

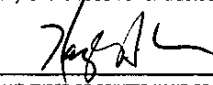
U00000708414
 04/24/07-80112-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHIVER, ALLEN L 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COURTNEY, MARK 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYSELL, BOB 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIVER, ALLEN L 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAUDER, KARYL H 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TILLMAN, STEPHANIE 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757



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:  **KARYL H. LAUDER** **4/6/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #