

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003062

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: FLOWERS SPECIALTY FOODSERVICE SALES, LLC

**Current Principal Place of Business:**

1919 FLOWERS CIRCLE  
THOMASVILLE, GA 31757

**New Principal Place of Business:**

**Current Mailing Address:**

1919 FLOWERS CIRCLE  
THOMASVILLE, GA 31757

**New Mailing Address:**

FEI Number: 20-1409090      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 ( ) Delete  
Name: SHIVER, ALLEN L  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

Title: MGR ( ) Delete  
Name: COURTNEY, MARK  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

Title: MGR ( ) Delete  
Name: HYSSELL, BOB  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

Title: P ( ) Delete  
Name: SHIVER, ALLEN L  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

Title: ST ( ) Delete  
Name: LAUDER, KARYL H  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

Title: AS ( ) Delete  
Name: TILLMAN, STEPHANIE  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 SINGLETARY, MANAGING TAX DIR      DIR      04/28/2008

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