

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003062

FILED
Apr 01, 2009
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
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Address:
City-St-Zip:

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

Title: () Change () Addition
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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

DIR

04/01/2009

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