

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003062

FILED
May 25, 2010
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 ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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
Name: SHIVER, ALLEN L
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

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

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

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

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

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

I hereby 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: STEPHANIE TILLMAN

AS

05/25/2010

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