

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000000512

1. Entity Name
MID-GULF BAKERY, LLC



Principal Place of Business
**255 BUSINESS CENTER DR, STE 200
HORSHAM, PA 19044**

Mailing Address
**2821 EMERYWOOD PARKWAY, SUITE 210
RICHMOND, VA 23294**



04172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3175275

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAVRINAC, RICHARD P 255 BUSINESS CENTER DR, STE 200 HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, CARL H 255 BUSINESS CENTER DR, STE 200 HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, GARY J 255 BUSINESS CENTER DR, STE 200 HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEN, WILLIAM 55 PARADISE LANE BAYSHORE, NY 11706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, RICHARD M 2821 EMERYWOOD PKWY, SUITE 210 RICHMOND, VA 23294
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BABIN, DANIEL P 255 BUSINESS CENTER DR, STE 200 HORSHAM, PA 19044

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05/10/07-80004-019 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

VP Tax

4/17/07

Date

Daytime Phone #