

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005822

FILED
Apr 24, 2009
Secretary of State

Entity Name: SYSCO GUEST SUPPLY, LLC

Current Principal Place of Business:

4301 US HIGHWAY ONE
MONMOUTH JUNCTION, NJ 08852

New Principal Place of Business:

Current Mailing Address:

4301 US HIGHWAY ONE
MONMOUTH JUNCTION, NJ 08852

New Mailing Address:

1390 ENCLAVE PARKWAY
HOUSTON, TX 77077

FEI Number: 22-2320483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: NICHOLS, MICHAEL C
Address: 1390 ENCLAVE PARKWAY
City-St-Zip: HOUSTON, TX 77077

Title: MGR () Delete
Name: DRUMMOND, KIRK G
Address: 1390 ENCLAVE PARKWAY
City-St-Zip: HOUSTON, TX 77077

Title: MGR () Delete
Name: STANLEY, CLIFFORD W
Address: 4301 U.S. HIGHWAY ONE
City-St-Zip: MONMOUTH, NJ 08852

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:

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: MICHAEL C. NICHOLS

MGR

04/24/2009

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