

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90031 014 ***138.75

DOCUMENT # M06000000459

1. Entity Name
LANCE MFG. LLC



Principal Place of Business
**8600 SOUTH BLVD.
CHARLOTTE, NC 28273**

Mailing Address
**8600 SOUTH BLVD.
CHARLOTTE, NC 28273**

60037310



2. Principal Place of Business - No P.O. Box #
14120 BALLANTYNE CORP PL

3. Mailing Address

Suite, Apt. #, etc.
CULLMAN PARK STE 350

Suite, Apt. #, etc.

City & State
CHARLOTTE NC

City & State

Zip
28277

Country

Zip

Country

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2097021

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SINGER, DAVID
8600 SOUTH BLVD.
CHARLOTTE, NC 28273** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14120 BALLANTYNE CORP PL, CULLMAN PARK STE 350
CHARLOTTE, NC 28277** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LEAKE, E.D.
8600 SOUTH BLVD.
CHARLOTTE, NC 28273** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same as above ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRANGNANI, L.R.
8600 SOUTH BLVD.
CHARLOTTE, NC 28273** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same as above ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PUCKETT, RICK D
8600 SOUTH BLVD.
CHARLOTTE, NC 28273** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same as above ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WICKLUND, M.E.
8600 SOUTH BLVD.
CHARLOTTE, NC 28273** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same as above ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
THOMPSON, BLAKE W
8600 S BLVD
CHARLOTTE, NC 28273** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same as above ☒ Change ☐ Addition

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:

Rick D Puckett

Rick D Puckett

4-29-08

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

Date

Daytime Phone #