
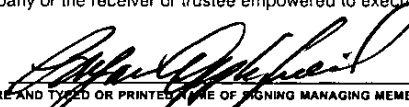


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90028 002 ***143.75

DOCUMENT # M06000002296					
1. Entity Name WINCO, LLC					
Principal Place of Business 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303			Mailing Address 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303		
2. Principal Place of Business - No P.O. Box # 106 Adris Place		3. Mailing Address 106 Adris Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Dothan, AL		City & State Dothan, AL		4. FEI Number 20-3754892	
Zip 36303		Country Houston		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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 APPLEFIELD, BRYAN M 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	106 Adris Place Dothan, AL 36303	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APPLEFIELD, B. SCOTT 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	106 Adris Place Dothan, AL 36303	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			4-24-08 334-836-3590		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		