

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002935

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: DERST BAKING COMPANY, 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: 20-4431256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: FRANKUM, PAUL  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

Title: MGR ( ) Delete  
Name: CARTEE, GARY M  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

Title: P ( ) Delete  
Name: FRANKUM, PAUL  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

Title: ST ( ) Delete  
Name: SMITH, HEATHER  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

Title: AT ( ) Delete  
Name: LAUDER, KARYL  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES (X) Change ( ) Addition  
Name: FRANKUM, PAUL  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

Title: ST (X) Change ( ) Addition  
Name: MORANI, STEVE  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31757

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: JOHN SINGLETARY, MANAGING TAX DIR

DIR

04/28/2008

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