

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006407

FILED
Apr 24, 2012
Secretary of State

Entity Name: S-L SNACKS LOGISTICS, LLC

Current Principal Place of Business:

13024 BALLANTYNE CORPORATE PLACE, STE. 900
CHARLOTTE, NC 28277

New Principal Place of Business:

Current Mailing Address:

13024 BALLANTYNE CORPORATE PLACE, STE. 900
CHARLOTTE, NC 28277

New Mailing Address:

PO BOX 32368
CHARLOTTE, NC 28232

FEI Number: 45-3910168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLASSEE, 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: CEO
Name: LEE, CARL E JR
Address: 13024 BALLANTYNE CORPORATE PLACE, STE. 900
City-St-Zip: CHARLOTTE, FL 28277 US

Title: CFO
Name: PUCKETT, RICK D
Address: 13024 BALLANTYNE CORP PL #900
City-St-Zip: CHARLOTTE, NC 28277 US

Title: VP
Name: WICKLUND, MARGARET E
Address: 13024 BALLANTYNE CORP PL #900
City-St-Zip: CHARLOTTE, NC 28277 US

Title: VP
Name: BRYCE, TROY
Address: 13024 BALLANTYNE CORP PL #900
City-St-Zip: CHARLOTTE, NC 28277 US

Title: VP
Name: MCINERNEY, PATRICK S
Address: 13024 BALLANTYNE CORP PL #900
City-St-Zip: CHARLOTTE, NC 28277 US

Title: SEC
Name: SMITH, A Z III
Address: 13024 BALLANTYNE CORP PL #900
City-St-Zip: CHARLOTTE, NC 28277 US

I hereby 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: MARGARET E WICKLUND

VP

04/24/2012

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