2001 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nar	MENT # M9700000			(
GOLDEN STATE FOODS BAKING COMPANY, L.L.C.				FILED	FILED		
Principal Place of Business Mailing Address				OI FEB 15 AM 9:30			
				SECRETARY OF STATE TALLAHASSEE, FLORIDA	SEGRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 152A 01d Covington Road Suite, Apt. #, etc. 3. Mailing Address 600 Phil Gramm Bl. Suite, Apt. #, etc.				. DO NOT WRITE IN THIS S	PACE		
City & State City & State				4. FEi Number	<u> </u>	plied For	
Conyer Zip	S, GA. Country	Bryan, TX.	Country	58-2225412	No. 55.00 Add	t Applicable	
30013	USA 6. Name and Address of Current	77807	USA		ee Require		
	o, name and name of our one	7. Harrie alla Address of New Yogistella A	<u></u>	<u></u>			
C T Corporation System 1200 South Pine Island Road Plantation, FL. 33324				ress (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 Fiorida.							
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 \$50.00 Make Check Payable to Department of State,							
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mid South Baking Com 600 Phil Gramm Blvd. Bryan, TX. 77807	□ Delete pany, LLC.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS	MGR Bowers, Frederick J. 600 Phil Gramm Blvd.	☐ Delete	TITLE NAME STREET ADDRESS	200003703 -02/19/010 *****50.00	1011(006 (
CITY-ST-ZIP TITLE NAME STREET ADDRESS	Bryan, TX. 77807	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS	MGR Grimm, Peter 6 Commerce Drive Sou	□ Delete	TITLE NAME STREET ADDRESS		Change	Addition	
TITLE NAME STREET ASDRESS	Harriman, NY 10926	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	W	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Elliott, Tray 600 Phil Gramm Blvd.	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
11. I hereby control of the limited liability for the exemption stated in Section 119.07(3)(i), 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: 2/5/01 979-778-6600 SIGNATURE AND TYPED OR PRINTED TABLE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #							
	SOME OF THE OWNER OF	GIGHING MANAGING MEMBER, MANA	⇔∈K, UK AU I MORIZED REP	PRESENTATIVE Date Day	urre Phone #	1	