

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049400

Entity Name: GREAT TASTE FROM THE SOUTH, LLC**Current Principal Place of Business:**655 EAST UNIVERSITY BLVD
MELBOURNE, FL 32901**Current Mailing Address:**500 WILLIAM STREET
MELBOURNE, FL 32901**FEI Number:** 80-0205579**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEWELL, NELLIE
500 WILLIAM STREET
MELBOURNE, FL 32901 US*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**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	SEWELL, NELLIE	Name	ROBERT, SEWELL
Address	500 WILLIAMS STREET	Address	500 WILLIAMS STREET
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901
Title	MGRM	Title	MGR
Name	ROBERT, SEWELL III	Name	SEWELL, ROBERT JR.
Address	500 WILLIAM STREET	Address	500 WILLIAMS STREET
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NELLIE SEWELL

MGR

04/27/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date