

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0400003062

Entity Name: FLOWERS SPECIALTY FOODSERVICE SALES, LLC

Current Principal Place of Business:

1919 FLOWERS CIRCLE
THOMASVILLE, GA 31757

Current Mailing Address:

1919 FLOWERS CIRCLE
THOMASVILLE, GA 31757

FEI Number: 20-1409090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name HYSELL, BOB
Address 1919 FLOWERS CIRCLE
City-State-Zip: THOMASVILLE GA 31757

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: JOHN SINGLETARY

AUTHORIZED PERSON

04/21/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date