

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003062

**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 AUTHORIZED PERSON  
Name SINGLETARY, JOHN  
Address 1919 FLOWERS CIRCLE  
City-State-Zip: THOMASVILLE GA 31757

Title MANAGER  
Name LAUDER, KARYL  
Address 1919 FLOWERS CIRCLE  
City-State-Zip: THOMASVILLE GA 31757

Title MANAGER  
Name TILLMAN, STEPHANIE  
Address 1919 FLOWERS CIRCLE  
City-State-Zip: THOMASVILLE GA 31757

Title MANAGER  
Name RIECK, J.T.  
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**

**03/10/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date