

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000001566

**Entity Name:** BIMBO FOODS BAKERIES DISTRIBUTION, LLC

**Current Principal Place of Business:**

255 BUSINESS CENTER DR  
HORSHAM, PA 19044

**Current Mailing Address:**

255 BUSINESS CENTER DR  
HORSHAM, PA 19044 US

**FEI Number: 22-3471696**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
2ND FL  
TALLAHASSEE, FL 32301 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           LEE, RICHARD M JR  
Address        255 BUSINESS CENTER DR  
City-State-Zip: HORSHAM PA 19044

Title           MANAGER  
Name           MOLLICK, STEPHEN J  
Address        255 BUSINESS CENTER DR  
City-State-Zip: HORSHAM PA 19044

Title           MANAGER  
Name           PIZER, CRAIG H  
Address        255 BUSINESS CENTER DR  
City-State-Zip: HORSHAM PA 19044

Title           MANAGER  
Name           MELLICK, STEPHEN J.  
Address        255 BUSINESS CENTER DR  
City-State-Zip: HORSHAM PA 19044

Title           DEPUTY GENERAL COUNSEL &  
                  SECRETARY  
Name           COSCIA, CLAUDIA V.  
Address        301 S NORTHPOINT DR., STE 100  
City-State-Zip: COPPELL TX 75019

*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: CLAUDIA V. COSCIA**

**SECRETARY**

**04/20/2021**

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

\_\_\_\_\_  
Date