

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000051660**

1. Entity Name  
**FERRARO FOODS OF FLORIDA, LLC**



Principal Place of Business  
**20100 INDEPENDENCE BLVD  
GROVELAND, FL 34736**

Mailing Address  
**287 SOUTH RANDOLPHVILLE ROAD  
PISCATAWAY, NJ 08854**



07092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-2004914**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DI MARE, JOHN  
3165 WHISPER WIND DRIVE  
SAINT CLOUD, FL 34771**

**DO NOT WRITE  
IN THIS SPACE**

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
GIAMMARINO, MICHAEL  
287 SOUTH RANDOLPHVILLE ROAD  
PISCATAWAY, NJ 08854**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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U000000768603  
07/13/07-80004-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Jack M. Suskin* / Jack M. Suskin, Controller

7/9/07

(722) 424-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #