LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 24, 2002 8:00 am Secretary of State 02-24-2002 90085 006 ****50.00

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DOCUMENT#	L01000020923	-	
1. Entity Name			

SANCHEZ FARMS, LLC

DO NOT WRITE IN THIS SPACE 3. Mailing Address RADDIE LORD ROAD Sure, Apt. F. Cord Coy & Siste Coy & Siste OLD TOWN, FIL 20 Country 32680 USA DO NOT WRITE IN THIS SPACE Country Cou		,					
2. Findings Place of Business RADDIE LORD ROAD SAME SAME Suite, Art. #, etc. Cuy & State DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above nance entry submits this statement for the purpose of changing as equiposed office or registrated again, or both, in the State of Foods. SIGNATURE THE TOWN REPORT OF THE STATE	1	DO NOT WRIT	E IN THIS	SPACE			
RADDIE LORD ROAD Sure, Ant. 4 etc. H. C. 3 BOX 357 City & State OLD TOWN, FI. DO NOT WRITE DO NOT WRITE IN THIS SPACE B. The above named cryty submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida, SIGNATURE WAR ANAGER MANAGER				• • • • • • • • • • • • • • • • • • •			
Sulfe, Apt. 4 etc. RC 3 BOX 357 Cry & Street Cry & Street DD NOT WRITE DO NOT WRITE IN THIS SPACE The above named early submits this statement for the purpose of changing to registered agent, or both, in the State of Fordia. Signatures The above named early submits this statement for the purpose of changing to registered agent, or both, in the State of Fordia. Signatures MANAGING MEMBERS / MANAGERS HERMAN SANCHEZ, JR. SIFT AURES MANAGER MANAGE	,		3. Mailing Address	5			
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Solution					Applied For		
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THE MANAGERS POWN, FL 32680 THE MANAGERS POW		- 			7. Name and Address of Current Registered	i Agent	
Street_Address (P.C. Box Number is Not Acceptable) One Independent Dayle, Suite 2301 One Independent Dayle agent agent Dayle agent agent Dayle a	'	DO NOT	NDITE	Name Ka	Kathleen Holbrook Cold		
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Sign eaunn, hoped or purpfit runte of requisioned agent and title it and fillable. FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9.	8. The above	named entity submits this statemen	t for the purpose of chan-	ging its registered office or registe	ered agent, or both, in the State of Florida.		
B. MANAGING MEMBERS / MANAGERS TITLE MANAGER HERMAN SANCHEZ, JR. SIMET ADDRESS CITY-ST-ZIP TITLE MANAGER HERMAN SANCHEZ, JR. SIMET ADDRESS CITY-ST-ZIP TITLE MANAGER HERMAN SANCHEZ, JR. SIMET ADDRESS CITY-ST-ZIP TITLE MANAGER VIRGINIA M. SANCHEZ CITY-ST-ZIP TITLE MANAGER VIRGINIA M. SANCHEZ CITY-ST-ZIP TITLE MANAGER VIRGINIA M. SANCHEZ CITY-ST-ZIP TITLE MANAGER SIMET ADDRESS CITY-ST-ZIP TITLE MANAGER SIMET ADDRESS CITY-ST-ZIP TITLE NAME S	SIGNATURE _	Virginea	M. San	Chos/	2-13-0	12	
Make Check Payable to Department of State DUE BY MAY 1 9.	-	Signature, typed or prior of name of registered ag	ent and title if applicable.		DATE		
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		ertify that the information supplied w	ith this filing does not au	<u></u>	ection 119.07(3)(i). Florida Statutes I further cen	tify 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.