

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

1/2

01-29-2003 90055 046 \*\*\*\*50.00

**DOCUMENT # L02000029769**

1. Entity Name

**PALMETTO VEGETABLE COMPANY LLC**



Principal Place of Business

8106 DESOTO MEMORIAL HIGHWAY  
BRADENTON FL 34209

Mailing Address

8106 DESOTO MEMORIAL HIGHWAY  
BRADENTON FL 34209

2. Principal Place of Business

2308 HWY 301 NORTH

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 431

Suite, Apt. #, etc.

City & State

PALMETTO, FL 34221

City & State

BRADENTON, FL 34206

4. FEI Number

02-0651302

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

34206

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BARNES, GARRET T ESQ.  
C/O BARNES WALKER, CHARTERED  
3119 MANATEE AVENUE WEST  
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name: JOHN P. HARLLEE, IV  
Street Address (P.O. Box Number is Not Acceptable): 2308 HWY 301 N.  
City: PALMETTO FL Zip Code: 34221

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

2-25-03

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARLLEE, JOHN P IV 8106 DESOTO MEMORIAL HIGHWAY BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARLLEE, SCOTT A 7220 6TH AVENUE NORTHWEST BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER HARLLEE, JOHN P. IV 8106 DESOTO MEMORIAL HIGHWAY BRADENTON, FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES/SECRETARY/TREASURER HARLLEE, SCOTT A. 7220-6TH-AVENUE-NORTHWEST BRADENTON, FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Signature Required*

John P. Harllee, IV

1-23-03

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

Date

Daytime Phone #

CR2E083 (10/02)