## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # L04000092200 1. Entity Name 04-28-2005 90039 001 \*\*\*\*55.00 FARM STORES DAIRY, LLC Mailing Address Principal Place of Business 5800 NORTHWEST 74TH AVENUE 5800 NORTHWEST 74TH AVENUE MIAMI FL 33168 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4, FEI Number Applied For 四-2 26-011-7409 Not Applicable Country Zip Country Ziø \$5.00 Additional 5. Certificate of Status Desired Fee Reguland 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name DIAZ, JUAN ESQ 5800 NORTHWEST 74TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 City Zip Code 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, typad or printed name of registered agent and title 4 applicable (NOTE Regarded Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR TITLE ☐ Change ■ Addition ☐ Detete THE GOLDEN COW, LLC NAME NAME 5800 NORTHWEST 74TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-S1-ZIP TITLE INTE ☐ Delete Chason ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-DP HILE ☐ Delete Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP TITLE Addition THLE Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZP TITLE Deleta nne ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Addition TITLE ☐ Deleta Change NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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. General Coursel Apr 23 205 SIGNATURE: JUAN BINE Deviros Phone 6

**FILED** 

Jun 27, 2005 8:00 am