


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90067 022 ***138.75

DOCUMENT # L07000073138	
1. Entity Name ALLEY FARMS, LLC	

Principal Place of Business 4922 NW 76TH PLACE POMPANO BEACH, FL 33073	Mailing Address 4922 NW 76TH PLACE POMPANO BEACH, FL 33073
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2. Principal Place of Business - No P.O. Box # 4425 NW 71st Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pompano Beach, FL	City & State
Zip 33073	Country USA



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
87-0808069

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
FERDINAND & SULLIVAN PA 100 W CYPRESS CREEK ROAD STE 910 FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEY, JOY M 4922 NW 76TH PLACE POMPANO BEACH, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joy Alley **1-25-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #