## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031859

Entity Name: BEER FAMILY GROUP LLC

**Current Principal Place of Business:** 

3900 SEARS RD LABELLE, FL 33935

**Current Mailing Address:** 

**PO BOX 158** 

LABELLE, FL 33975

FEI Number: 20-2596809 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEER, BRYAN 1021 CR 78, C/O BOX 158 LABELLE, FL 33935 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Date

FILED Mar 19, 2014

**Secretary of State** 

CC9078679734

Authorized Person(s) Detail:

Title MGRM

Name A & B HARVESTING

Address PO BOX 158

City-State-Zip: LABELLE FL 33975

Title MGRM

Name BEER FAMILY GROVES LLC

Address PO BOX 158

City-State-Zip: LABELLE FL 33975

Title MGRM

Name STOLLER, BRENDA Address 306 SPRING WALK

City-State-Zip: PEACHTREE GA 30269

Name BEER, BRYAN

Address 1021 CR 78

City-State-Zip: LABELLE FL 33935

MGR

Title MGRM

Title

Name MASSA, DEBRA

Address PO BOX 158

City-State-Zip: LABELLE FL 33975

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN BEER MANAGER 03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail