

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000380

**Entity Name:** 3RD AVE. GROWERS, LLC

**Current Principal Place of Business:**

32929 3RD AVENUE  
SAN ANTONIO, FL 33576

**Current Mailing Address:**

P.O. BOX 333  
CHULA, GA 31733 US

**FEI Number:** 27-2147365

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AUVIL, JONATHAN L  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525 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

**Authorized Person(s) Detail :**

Title	CEO	Title	PROPERTY MANAGER
Name	WEST, MARVIN L	Name	WEST, JOHN W
Address	P.O. BOX 333	Address	P.O. BOX 333
City-State-Zip:	CHULA GA 31733	City-State-Zip:	CHULA GA 31733
Title	SECRETARY	Title	TREASURER
Name	WEST, GERALD T	Name	EAKIN, JUDY W
Address	P.O. BOX 333	Address	P.O. BOX 333
City-State-Zip:	CHULA GA 31733	City-State-Zip:	CHULA GA 31733

*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:** JUDY W EAKIN

**TREASURER**

**02/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date