

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000072727

**Entity Name:** PHOENIX PACKING LLC

**Current Principal Place of Business:**

10753 HWY 441 NORTH  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

10753 HWY 441 NORTH  
OKEECHOBEE, FL 34972

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BLACK SWAN CONSULTING AND ENTITLEMENTS LLC  
6450 TROPICAL WAY  
VERO BEACH, FL 32967 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 MGR  
Name BLACK SWAN CONSULTING AND ENTITLEMENTS LLC  
Address 6450 TROPICAL WAY  
City-State-Zip: VERO BEACH FL 32967

Title MGRM  
Name PHOENIX PRODUCE AND SALES INC  
Address 2009 COCONUT DRIVE  
City-State-Zip: FT. PIERCE FL 34949

Title MGRM  
Name BILLINGTON, BARRY  
Address 3873 15TH STREET  
City-State-Zip: MICCO FL 32976

Title MGRM  
Name BILLINGTON, BARBARA  
Address 3873 15TH STREET  
City-State-Zip: MICCO FL 32976

Title MGRM  
Name CHULNU, PATRICK  
Address 3200 PORT ROYALE N 2012  
City-State-Zip: FORT LAUDERDALE FL 33308

*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:** MICHELE PALADIN

**MEMBER**

**04/29/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date