

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90184 001 ****50.00

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DOCUMENT # L00000001176

1. Entity Name

INTERNATIONAL FRUIT & VEGETABLE, L.L.C.



Principal Place of Business

**2410 15TH AVE.
VERO BEACH FL 32960**

Mailing Address

**2410 15TH AVE.
VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

2410 15th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach FL

Zip

Country

Zip

Country

32960

4. FEI Number **65-0980210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, MICHAEL D
2410 15TH AVE.
VERO BEACH FL 32960**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **STORK, BRIAN D**
STREET ADDRESS **2410 15TH AVE.**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE REQUIRED

4/25/03 772-724-2825

CR2E083 (10/02)