FILED
Apr 09, 2008 8:00 am
Secretary of State
04-09-2008 90126 029 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002859

1. Entity Name

FINDLAY FARMS, LLC

60021159

Principal Place of Business	Mailing Address
FINDLAY FARMS, LLC	FINDLAY FARMS, LLC
2. Principal Place of Business - No P.O. Box # 5201 NW 144TH PLACE	3. Mailing Address 244 SHOPPING AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 175
City & State REDDICK, FL	City & State SARASOTA, FL
Zip 32686 Country USA	Zip 34237 Country USA

4. FEI Number 65-0989936 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARR, ANGELL KATHRYN
240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR - FINDLAY, J. CARY 244 SHOPPING AVE #175 SARASOTA, FL 34237-7125 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR - FINDLAY, J. CARY 244 SHOPPING AVE #175 SARASOTA, FL 34237-7125 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 3/9/08 941-370-8819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #