

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# L00000004751

Entity Name: GRIMES PRODUCE COMPANY, LLC

Current Principal Place of Business:

3137 PAUL BUCHMAN HIGHWAY
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2367
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 59-3644251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIMES, CHARLES G
3929 N. WILDER RD.
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

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: CHARLES G GRIMES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRIMES, CHARLES G
Address: 3929 N. WILDER RD.
City-St-Zip: PLANT CITY, FL 33565

Title: MGR () Delete
Name: GRIMES, BETTY J
Address: 3929 N. WILDER RD.
City-St-Zip: PLANT CITY, FL 33565

Title: MGR () Delete
Name: GRIMES, CHARLES G JR
Address: 4540 W. KNIGHTS GRIFFIN RD.
City-St-Zip: PLANT CITY, FL 33565

Title: MGR () Delete
Name: GRIMES, DEBORAH
Address: 4540 W. KNIGHTS GRIFFIN RD.
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLES G GRIMES

MGRM

10/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date