

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 AM 9:12

DOCUMENT # L00000005907

1. Entity Name
MAYFLOWER FARMS, LLC.



Principal Place of Business
C/O NICOLAS FERNANDEZ, P.A.
780 NW LE JEUNE ROAD
MIAMI, FL 33126

Mailing Address
C/O NICOLAS FERNANDEZ, P.A.
780 NW LE JEUNE ROAD
MIAMI, FL 33126

2. Principal Place of Business

10 NW Le Jeune Rd
Suite, Apt. #, etc.
500

3. Mailing Address

10 NW Le Jeune Rd
Suite, Apt. #, etc.
500

1212006 Chg-LLC CR2E083 (11/05)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1010546

Applied For

Not Applicable

Zip

Country

Zip

Country

33126

33126

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

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 NW LE JEUNE RD
SUITE 324
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

ESQUIRE CORPORATE SERVICES, INC.

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

10 NW Le Jeune Rd, Suite 500

City

Miami

FL

Zip Code

33126

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 reappointing)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	LOZANO, EDGAR	
STREET ADDRESS	780 NW LE JEUNE RD., #324	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	BARQUIN, GEORGE	
STREET ADDRESS	780 NW LE JEUNE RD., #324	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	Managing Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Lozano	
STREET ADDRESS	1500 NW 95 Avenue, 2nd Floor	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	Managing Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Contreras	
STREET ADDRESS	1500 NW 95 Avenue, 2nd Floor	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12/08/06--01062--002 **50.00

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

Date

Daytime Phone #