

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009583

1. Entity Name  
PHILMAN'S FARMS LIMITED LIABILITY COMPANY

Principal Place of Business

3471 NW 57TH TRAIL  
BELL FL 32619

Mailing Address

3471 NW 57TH TRAIL  
BELL FL 32619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3665496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATSON, TODD

7785 BAYMEADOWS WAY, STE 107  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Linda Philman

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

3340 NW 57th Trail

City

Bell

FL

Zip Code

32619

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.

SIGNATURE

*Linda Philman*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Keith Philman	
STREET ADDRESS	3340 NW 57th Trail	
CITY-ST-ZIP	Bell, FL 32619	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	I.J. Philman	
STREET ADDRESS	3090 NW 57th Trail	
CITY-ST-ZIP	Bell, FL 32619	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Linda Philman	
STREET ADDRESS	3340 NW 57th Trail	
CITY-ST-ZIP	Bell, FL 32619	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Earline Philman	
STREET ADDRESS	3090 NW 57th Trail	
CITY-ST-ZIP	Bell, FL 32619	
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		<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	100004335731	
CITY-ST-ZIP	-05/31/01--01044--021	
	*****50.00 *****50.00	
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		

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:

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

4/27/01 386-935-0312

Date

Daytime Phone #

0026034 AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

FILED  
01 MAY -3 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA