

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000009746

1. Entry Name
SIX L'S HOLDINGS, LLC



Principal Place of Business
**315 E. NEW MARKET ROAD
IMMOKALEE, FL 34142**

Mailing Address
**P.O. BOX 3088
IMMOKALEE, FL 34143**



01052004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2264123

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WEISINGER, SHERYL A
315 E. NEW MARKET ROAD
IMMOKALEE, FL 34142**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**U000000090989
03/17/04-80041-004 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
SIX L'S PACKING COMPANY, INC.
315 E. NEW MARKET ROAD
IMMOKALEE, FL 34142**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PST
WEISINGER, SHERYL A
515 E. NEW MARKET RD
IMMOKALEE, FL 34142**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP
DESSAK, PETER
315 E. NEW MARKET ROAD
IMMOKALEE, FL 34142**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

239-657-4401