

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009746

Entity Name: SIX L'S HOLDINGS, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

315 E. NEW MARKET ROAD
IMMOKALEE, FL 34142

New Principal Place of Business:

315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142

Current Mailing Address:

P.O. BOX 3088
IMMOKALEE, FL 34143

New Mailing Address:

PO BOX 3088
IMMOKALEE, FL 34143

FEI Number: 52-2264123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIX L'S PACKING COMP, ANY, INC.
Address: 315 E. NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: P () Delete
Name: WEISINGER, SHERYL A
Address: 315 E. NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142

Title: V () Delete
Name: DESSAK, PETER
Address: 315 E. NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: V () Delete
Name: WEISINGER, JAIME
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142 US

Title: V () Delete
Name: PRESS, MAXWELL L
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VST () Delete
Name: PURSE, TOBY K
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIX L'S PACKING COMP, ANY, INC.
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: P (X) Change () Addition
Name: WEISINGER, SHERYL A
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: V (X) Change () Addition
Name: DESSAK, PETER
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

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: TOBY PURSE

VST

01/08/2009

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