## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## May 01, 2006 8:00 am Secretary of State DOCUMENT # L00000010246 1. Entity Name 05-01-2006 90037 020 \*\*\*\*50.00 GRACEWOOD TRADING COMPANY LLC Principal Place of Business Mailing Address 1626 90TH AVENUE VERO BEACH FL 32966 PO BOX 370 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 59-1384474 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUTHER, JOHN M Street Address (P.O. Box Number is Not Acceptable) **1626 90TH AVENUE** VERO BEACH FL 32966 Zip Code 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE S/T ☐ Change \*Addition MGRM □ Delete NAME GRACEWOOD FRUIT COMPANY, LLC. NAME NEWMAN, PAUL A. STREET ADDRESS **1626 90TH AVENUE** STREET ADDRESS 1626 - 90th Avenue CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32966 Vero Beach, FL 32966 TITLE ☐ Delete TITLE Change \*\*\*Addition AS/AT NAME NAME LUTHER, JOHN M PEREZ, TOMAS RENE STREET ADDRESS STREET ADDRESS 555 HIGHWAY A1A 2019 Cortez Avenue CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition JARVIS, WILLIAM S STREET ADDRESS STREET ADDRESS 445 GREYTWIG RD. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 **K**XDelete THE TITLE ☐ Change Addition RUST, GARY M NAME NAME STREET ADDRESS 405-33RD AVE. SW STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the 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 seceiver or trustee employment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND THE OF BRINTED NAME OF ENGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED** 

772-567-1151