

FILED
Jan 23, 2007 8:00 am
Secretary of State

DOCUMENT # L00000015969					
1. Entity Name SHAMROCK PRODUCE & BROKERAGE, LLC					
Principal Place of Business 2801 EAST HILLSBOROUGH AVE. TAMPA, FL 33610			Mailing Address P.O. BOX 310580 TAMPA, FL 33680-0580		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent					
CLANAHAN, DANIEL R 2801 EAST HILLSBOROUGH AVE. TAMPA, FL 33610					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURPHY, PETER 2801 E HILLSBOROUGH AVE TAMPA, FL 33610 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLANAHAN, DANIEL 2801 E HILLSBOROUGH AVE TAMPA, FL 33610 <div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIBSON, STEVEN L 2801 E HILLSBOROUGH AVE TAMPA, FL 33610 <div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



01092007 Chg-LLC CR2E083 (12/06)