2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L00000015969

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

1. Entity Name SHAMROCK PRODUCE & BROKERAGE, LLC						01-23-2007 90055 011 *****50.00				
Principal Plac 2801 EAST F TAMPA, FL 3	HILLSBOROL		Mailing Address P.O. BOX 310580 TAMPA, FL 33680-0580							
2. Principal P	lace of Busin	ness - No P.O. Box#	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01092007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State			4. FEI Numb 59-369			_ 	plied For t Applicable
Zip	Country		Zip	Coun	ntry	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current F	egistered Agent Name			7. Name and	Address of New F	Registered	Agent	
CLANAHA 2801 EAS TAMPA, FI	T HILLSBO	L R OROUGH AVE.	Street Address (P.O. Box Numb	er is Not Acceptabl	e)	-	
·			City		City				Zip Code	
The above named entity submits this statement for the purpose of changing its registered office.						red agent, or bo	oth, in the State of Fl	FL orida. I am	<u> </u>	
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, 2007						Make check payable to Florida Department of State				
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES	3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY 2801 E HI TAMPA, F	ILLSBOROUGH AVE	I						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLANAHAN, DANIEL 2801 E HILLSBOROUGH AVE		☐ Delete		ŀ			- ***	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 33610 MGRM GIBSON, STEVEN L 2801 E'HILLSBOROUGH AVE TAMPA, FL 33610		☐ Delete	TITLI NAM STRE	E				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAWEA	-1 33010	□ Delete	TITLI NAM STRE	E				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				☐ Change	☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.										