

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90075 019 ****50.00

DOCUMENT # L01000001134

1. Entity Name
N B W FARMS, LLC



Lt. Col. Nita Bob Warner
10801 Johnson Blvd.
Seminole, FL 33772



Lt. Col. Nita Bob Warner
10801 Johnson Blvd.
Seminole, FL 33772

00041282



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

02182007

Chg-LLC

CR2E083 (12/06)

4. FEI Number
59-3736356

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent



Lt. Col. Nita Bob Warner
10801 Johnson Blvd.
Seminole, FL 33772



Lt. Col. Nita Bob Warner
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Seminole, FL 33772

City

FL

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)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
WARNER, NITA BOB
13662-87TH AVE N.
SEMINOLE, FL 33776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SARAH Kline
10 RIVAGE
NEW PORT COAST
CALIF 92659 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
VOSHARDT, ROBYN
100 7TH STREET SOUTH
SAINT PETERSBURG, FL 33701 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
JACK KLINE
10 RIVAGE
NEW PORT COAST
CALIF 92659 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-27-07

Date

Daytime Phone #

727
204-2577