

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # L01000001361

1. Entity Name
ASTIN STRAWBERRY EXCHANGE, L.L.C.



Principal Place of Business
**107 HOLLOWAY RD
PLANT CITY, FL 33567**

Mailing Address
**PO BOX 3837
PLANT CITY, FL 33563**



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3699236

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARDNER, J. STEPHEN
3402 S. SAM ASTIN ROAD
PLANT CITY, FL 33566**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ASTIN, SAM H III
4408 MUDLAKE RD.
PLANT CITY, FL 33567**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ASTIN, BETTY A
3402 SAM ASTIN RD.
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ASTIN, BUFFY S
4408 MUDLAKE RD.
PLANT CITY, FL 33567**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERTS, SUZANNE A
3401 SAM ASTIN RD
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARTER, LAURA B
3406 SAM ASTIN RD
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000822961
02/20/08-80020-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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: Suzanne A. Roberts Suzanne A. Roberts 2/6/08 813-650-8448 x6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #