

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001361

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** ASTIN STRAWBERRY EXCHANGE, L.L.C.

**Current Principal Place of Business:**

107 HOLLOWAY RD  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3837  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 59-3699236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GARDNER, J. STEPHEN  
3402 SAM ASTIN RD.  
PLANT CITY, FL 33566 US

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.

SIGNATURE:

01/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ASTIN, SAM H III  
Address: 4408 MUDLAKE RD.  
City-St-Zip: PLANT CITY, FL 33567

Title: MGRM  
Name: ASTIN, BETTY A  
Address: 3402 SAM ASTIN RD.  
City-St-Zip: PLANT CITY, FL 33566

Title: MGRM  
Name: ASTIN, BUFFY S  
Address: 4408 MUDLAKE RD.  
City-St-Zip: PLANT CITY, FL 33567

Title: MGRM  
Name: ROBERTS, SUZANNE A  
Address: 3401 SAM ASTIN RD  
City-St-Zip: PLANT CITY, FL 33566

Title: MGRM  
Name: CARTER, LAURA B  
Address: 3406 SAM ASTIN RD  
City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 ROBERTS

MGRM

01/23/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date