

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90580 004 \*\*\*\*50.00

DOCUMENT # 101000008799 ✓  
1. Entity Name  
Hagan Farms, LLC

957447

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
P.O. Box 570819  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 570819  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL.

City & State  
MIAMI, FL.

4. FEI Number  
59-2426120

Applied For  
☐ Not Applicable

Zip  
33257

Country  
U.S.A.

Zip  
33257

Country  
U.S.A.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
JOSEPH EDWARD HAGAN

Street Address (P.O. Box Number is Not Acceptable)  
17637 S. DIXIE HWY

City  
MIAMI

FL

Zip Code  
33157

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.

SIGNATURE Joseph E Hagan Joseph E. HAGAN 4-26-02  
Signature, typed or printed name of registered agent and title if applicable DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>JOSEPH E. HAGAN</u> <u>17637 S. DIXIE HWY.</u> <u>MIAMI, FL. 33157</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>DONALD M. HAGAN</u> <u>17637 S. DIXIE HWY.</u> <u>MIAMI, FL. 33157</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph E Hagan Joseph E. HAGAN 4-26-02 305-232-2916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date