

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90033 014 ****55.00

DOCUMENT # L01000009394

1. Entity Name
TRIPLE F HARVESTING, LLC



Principal Place of Business
**301 SPANISH TRAIL SW
LABELLE, FL 33935**

Mailing Address
**P.O. BOX 2727
LABELLE, FL 33975**

14005687



2. Principal Place of Business
**500 N. 19th St.
Suite, Apt. #, etc.
#38**

3. Mailing Address
Suite, Apt. #, etc.

04222005 Chg-LLC CR2E083 (10/03)

City & State
Immokalee, FL
Zip
34142 Country
USA

City & State
Zip Country

4. FEI Number
65-1123000 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORES, JUAN P
400 SR 295
FELDA, FL 33930**

7. Name and Address of New Registered Agent

Name **JUAN PABLO FLORES**
Street Address (P.O. Box Number is Not Acceptable)
11300 LAKELAND CIRCLE
City **FT MYERS** FL Zip Code **33901**

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.

JUAN PABLO FLORES

04/22/05 DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FLORES, JUAN G
PO BOX 2727
LABELLE, FL 33975** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
FLORES, JUAN P
PO BOX 2727
LABELLE, FL 33975** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLORES, JOSE
PO BOX 2727
LABELLE, FL 33975** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLORES, REFUGIO
PO BOX 2727
LABELLE, FL 33975** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

04/22/05 239.651-9355 Date Daytime Phone #