

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009394

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** TRIPLE F HARVESTING, LLC

**Current Principal Place of Business:**

4269 STATE RD 29 S  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

4269 STATE RD 29 S  
LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** 65-1123000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORES, JUAN PABLO  
4269 STATE RD 29 S  
LABELLE, FL 33935 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** FLORES, REFUGIO  
**Address:** 4269 STATE RD 29 S  
**City-St-Zip:** LABELLE, FL 33935

**Title:** MGR  
**Name:** FLORES, JOSE G  
**Address:** 4269 STATE RD 29 S  
**City-St-Zip:** LABELLE, FL 33935

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:** JUAN PABLO FLORES

MGR

04/27/2012

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