

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90086 050 ****50.00

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

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
301 SPANISH TRAIL SW
LABELLE FL 33935**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

Date

Daytime Phone #

[Signature] **Signature: Juan P. Flores** **4/23/03** **863-675-9355**

CR2E083 (10/02)