


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90350 027 *****55.00

DOCUMENT # L01000009819 1. Entity Name ORLANDO WHOLESALE JUICE, LLC																																																																																																																																																			
Principal Place of Business 1416 LANGHAM TERR HEATHROW FL 32746		Mailing Address 1272 CHESSINGTON CIRCLE HEATHROW FL 32746																																																																																																																																																	
2. Principal Place of Business 1272 Chessington Circle		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																	
City & State Lake Mary, FL 32746		City & State Suite, Apt. #, etc.																																																																																																																																																	
Zip 32746		Country USA																																																																																																																																																	
4. FEI Number 59-3741309		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		MOORE CR2E083 (11/03)																																																																																																																																																	
6. Name and Address of Current Registered Agent HAUKE, JENNIFER A 1416 LANGHAM TERR HEATHROW FL 32746		7. Name and Address of New Registered Agent Name Jennifer A Hauke Street Address (P.O. Box Number is Not Acceptable) 1272 Chessington Circle City Lake Mary FL Zip Code 32746																																																																																																																																																	
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 Jennifer A Hauke DATE 4/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																																																																			
9. 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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: Jennifer A Hauke Date 4/5/04 Daytime Phone # 407-2970-2567 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																																			