

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L01000020923**

1. Entity Name  
**SANCHEZ FARMS, LLC**



Principal Place of Business

**479 NE 446TH STREET  
OLD TOWN, FL 32680 US**

Mailing Address

**479 NE 446TH STREET  
OLD TOWN, FL 32680**



02232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**90-0002987**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HOLBROOK COLD, KATHLEEN  
ONE INDEPENDENT DR., STE. 2301  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SANCHEZ, HERMAN JR.  
479 NE 446TH STREET  
OLD TOWN, FL 32680**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SANCHEZ, VIRGINIA  
479 NE 446TH STREET  
OLD TOWN, FL 32680**

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

1100000840480  
03/06/08-80047-023 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Virginia Sanchez* **Virginia Sanchez** 2/23/08 352-498-5360

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

Date

Daytime Phone #