05-09-2005 90048 018 ****50.00
FILED L01000020959
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 19 AM 9:34

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020959

1. Entity Name
SUAVO FARMS, LLC

Principal Place of Business	Mailing Address
5711 HANCOCK ROAD DAVIE, FL 33330	5711 HANCOCK ROAD DAVIE, FL 33330

14016983

03232005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
13711 OLD SHERIDAN STREET	13711 OLD SHERIDAN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNSHINE RANCHES, FL	City & State: SUNSHINE RANCHES, FL
Zip: 33330 Country: BROWARD	Zip: 33330 Country: BROWARD

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGEL, AMARILY S
5711 HANCOCK ROAD
DAVIE, FL 33330

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 13711 OLD SHERIDAN STREET
City SUNSHINE RANCHES FL Zip Code 33330

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] 5/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOGEL, AMARILYS S 5711 HANCOCK ROAD DAVIE, FL 33330 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 13711 OLD SHERIDAN STREET SUNSHINE RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: SAME
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #