LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001517



FILED

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 12351 McIntosh Road Suite, Apt. #, etc. City & State Thomotosassa, Florida Plant City, Florida Plant City Pl	O3 APR 30 PM 3: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA			, LLC	PRODUCE SALES	FARM DIRECT
12351 McIntosh Road Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Thonotosassa, Florida 2ip 33592 Country U.S. Thame and Address of Current Registered Agent Name Michelle Sapp Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 12351 McIntosh Road				DO NOT WRITE IN THIS SPACE		
City & State Thonotosassa, Florida Zip 33592 Country U.S. Applied For Not Applica Status Desired Fee Required Fee Required Fee Required Fee Required Name and Address of Current Registered Agent Name Michelle Sapp Street Address (P.O. Box Number is Not Acceptable) IN TITIS SPACE			¥62	3. Mailing Address P.O. Box 246		
Thonotosassa, Florida Plant City, Florida 75-2999757 Not Applica 33592 Country U.S. 5. Certificate of Status Desired See Required Fee Required Fee Required Fee Required Fee Required Name and Address of Current Registered Agent Name Michelle Sapp Street Address (P.O. Box Number is Not Acceptable) 1 2351 McIntosh Road	DO NOT WRITE IN THIS SPACE		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Zip 33592 Country U.S. S. Certificate of Status Desired □ \$5.00 Additional Fee Required T. Name and Address of Current Registered Agent Name Michelle Sapp Street Address (P.O. Box Number is Not Acceptable) 12351 McIntosh Road \$5.00 Additional Fee Required Fee Required Street Address (P.O. Box Number is Not Acceptable) 12351 McIntosh Road					Florida	
DO NOT WRITE Name Michelle Sapp Street Address (P.O. Box Number is Not Acceptable) 1.2.351 McIntosh Road 1.2.35	al					
Chonotosassa FL 202592			Name Michelle		ingilikan paramentan ang kabupatèn da	
2014 No. 1914 No. 191		FL Z53592	Cil Thonotos			
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, type or printed name of registered agent and the Reportable. Michelle Sapp 4/23/03 OATE Make Check Payable to Florida Department of State	iccept	4/23/03_	s registered office or registere 1ichelle Sapp FEE IS \$50.00	M:	ered agent.	the obligations of register
9. MANAGING MEMBERS/MANAGERS		TA TORNAL COLORS OF MEXICO	DUE BY MAY 1	beauties and the second	MANAGING MEMBERS	9
TITLE MGRM NAME Michelle Sapp STREET ADDRESS 4720 Gallagher Road CITY-ST-ZIP Plant City, FL 33565 TITLE NAME 104/30/0301058001 **50.00 STREET ADDRESS CITY-ST-ZIP	E083B (12/02)	0301058001 ** 50,00	NAME STREET ADDRESS		le Sapp allagher Road	NAME MGRM Michel STREET ADDRESS 4720 G
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TITLE NAME 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	tation	orida Statutes further certify that the informe	NAME STREET ADDRESS: CHY-ST-ZIP	oje filing doge not qualify for	s information quantical with the	NAME STREET ADDRESS CITY-ST-ZIP

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 SIGNATURE OF SIGNATURE OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE MICHELLE SAPE, Managing Member

4/23/03

(813)982-1625

Daytime Phone #