

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # L02000002308

1. Entity Name

FARM FRESH INVESTMENT, LLC



Principal Place of Business

**1500 AVENUE P
RIVIERA BEACH, FL 33404**

Mailing Address

**1500 AVENUE P
RIVIERA BEACH, FL 33404**

DO NOT WRITE IN THIS SPACE



02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

75-2987828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GODBAUM, KEITH
FRIEDMAN, ROSENWASSER & GOLDBAUM PA
5355 TOWN CTR RD STE 801
BOCA RATON, FL 33486**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHERWOOD FOOD DISTRIBUTORS
STREET ADDRESS	18615 SHERWOOD
CITY-ST-ZIP	DETROIT, MI 48234
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	

**U00000672364
03/28/07-80067-004 50.00**

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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: *Jason Ishbia* **JASON ISHBIA**

2/27/07

313-366-3100

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

Date

Daytime Phone #