

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90693 023 ****50.00

DOCUMENT # L02000006514

1. Entity Name
MOSSY OAK FARMS, LLC



Principal Place of Business

3610 67TH ST., CT. E.
BRADENTON FL 34208

Mailing Address

3610 67TH ST., CT. E.
BRADENTON FL 34208

2. Principal Place of Business

SR 665

3. Mailing Address

3610 67th St Ct E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wauchula, FL

City & State

Bradenton, FL

Zip

34208

Country

USA

Zip

34208

Country

USA

4. FEI Number

02-0594819

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY-
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name Catherine M. Sharek

Street Address (P.O. Box Number is Not Acceptable)
3610 67th St Ct E

City Bradenton

FL

Zip Code

34208

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

Catherine M. Sharek

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
SHAREK, CATHERINE M
3610 67TH ST., CT. E.
BRADENTON FL 34208

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

mem
Stanley A. Sharek
3610 67th St Ct E
Bradenton, FL 34208

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
WIDUNAS, KRISTEN
6413 99TH ST E.
BRADENTON FL 34202

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

mem
George A. Widunas
6413 99th St E
Bradenton, FL 34202

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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: Catherine M. Sharek REQUIRE Catherine M. Sharek 4/30/03 9417468782

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

Date

Daytime Phone #

CR2E083 (10/02)