

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008694

FILED
Apr 09, 2009
Secretary of State

Entity Name: TROYER BROTHERS CITRUS, LLC

Current Principal Place of Business:

22335 PALM BEACH BLVD
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

22335 PALM BEACH BLVD
ALVA, FL 33920

New Mailing Address:

FEI Number: 02-0590722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUDD, DAVID G
5551 RIDGEWOOD DR SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

TROYER, VERNON J
22335 PALM BEACH BLVD
ALVA, FL 33920 US

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.

SIGNATURE: VERNON J. TROYER

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRT () Delete
Name: TROYER, VERNON J
Address: 22335 PALM BEACH BLVD.
City-St-Zip: ALVA, FL 33920

Title: MGRS () Delete
Name: TROYER, DAVID
Address: 22251 PALM BEACH BLVD.
City-St-Zip: ALVA, FL 33920

Title: AS () Delete
Name: BUDD, DAVID G
Address: 5551 RIDGEWOOD DR SUITE 501
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID G BUDD

AS

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date