

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012008

Entity Name: ALPHA GROWERS, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

5615 WO GRIFFIN ROAD
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

PO BOX 128
DURANT, FL 33530

New Mailing Address:

FEI Number: 02-0596393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETITJEAN, CYNTHIA M ESQ
110 W. REYNOLDS ST
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GLOVER, WAYNE
Address: P.O. BOX 128
City-St-Zip: DURANT, FL 33530

Title: MGRM () Delete
Name: GLOVER, RICHARD S
Address: P.O. BOX 128
City-St-Zip: DURANT, FL 33530

Title: MGRM () Delete
Name: SALMERON, JORGE
Address: 5645 W. O GRIFFIN RD.
City-St-Zip: PLANT CITY, FL 33530

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: WAYNE S. GLOVER

MR

03/20/2009

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