

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017172

1. Entity Name
LFC INTERNATIONAL, LLC



Principal Place of Business
**315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142**

Mailing Address
**POST OFFICE BOX 3088
IMMOKALEE, FL 34143**



01052004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEISINGER, SHERYL A
315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142**

**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, 2004**

000000090990
03/17/04-80041-005 50.00

9. MANAGING MEMBERS/MANAGERS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST WEISINGER, SHERYL A 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DESSAK, PETER A 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AT GUNN, BLAKE 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142 |
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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:

Sheryl A. Weisinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

239-657-4421
Daytime Phone #