

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

03 JAN 22 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000017172

1. Entity Name

LFC INTERNATIONAL, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

315 EAST NEW MARKET ROAD

3. Mailing Address

PO BOX 3088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
IMMOKALEE FL

City & State  
IMMOKALEE FL

4. FEI Number

Applied For

☒ Not Applicable

Zip  
34142

Country  
COLLIER

Zip  
34143

Country  
COLLIER

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name SHERYL A WEISINGER

Street Address (P.O. Box Number is Not Acceptable)

315 EAST NEW MARKET ROAD

City IMMOKALEE

FL

Zip Code  
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

*Sheryl A. Weisinger*

SHERYL A WEISINGER

01-15-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

600003605486

10/28/02--01033--015 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRES/SCTY/TREAS  
SHERYL A WEISINGER  
315 EAST NEW MARKET ROAD  
IMMOKALEE FL 34142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
PETER A DESSAK  
315 EAST NEW MARKET ROAD  
IMMOKALEE FL 34142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ASST. TREAS  
BLAKE GUNN  
315 EAST NEW MARKET ROAD  
IMMOKALEE FL 34142

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

*JP  
1-23-03*

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 606, Florida Statutes.

SIGNATURE:

*Sheryl A. Weisinger*

01-15-03

239-657-4421

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

Date

Daytime Phone #

CR2E083B (12/02)